STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014109	A. BUILDING: _____ B. WING _____	C 08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT HARRISON ALF OPERATIONS	8025 DOUBLEDAY DRIVE INDIANAPOLIS, IN 46216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00440489, IN00440634, and IN00441479. Complaint IN00440489 -- No deficiencies related to the allegations are cited. Complaint IN00440634 -- No deficiencies related to the allegations are cited. Complaint IN00441479 -- No deficiencies related to the allegations are cited. Survey dates: August 22 and 23, 2024 Facility number: 014109 Residential Census: 53 Fort Harrison ALF Operations was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00440489, IN00440634, and IN00441479. Quality review completed on August 26, 2024.	R 000		