STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013933	A. BUILDING: _____ B. WING _____	R-C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANTHOLOGY OF MERIDIAN HILLS	8549 N MERIDIAN STREET INDIANAPOLIS, IN 46260

(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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00414444 and IN00413906 completed on August 8, 2023. This visit was inconjunction with a PSR to the State Ressidential Licensure Survey completed on May 10, 2023. Complaint IN00414444 - Corrected. Complaint IN00413906 - Corrected Survey dates: September 26 and 27, 2023 Facility number: 013933 Residential Census: 38 Anthology of Meridian Hills was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00414444 and IN00413906. Quality review was completed on October 4, 2023.	{R 000}		