

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/01/2018
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268		
(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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00267486 and IN00274920.</p> <p>Complaint IN00267486 and IN00274920-Substantiated. No deficiencies related to allegations were cited.</p> <p>Survey date: Sept 26, 2018 and October 1, 2018</p> <p>Facility number: 013034</p> <p>Residential Census: 16</p> <p>Morningside of College Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00267486 and IN00274920.</p> <p>Quality Review was completed on October 3, 2018.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE