

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/22/2025
NAME OF PROVIDER OR SUPPLIER COMMONS ON MERIDIAN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00459126 and IN00458393.</p> <p>Complaint IN00459126-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458393-No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 21 & 22, 2025</p> <p>Facility number: 013933</p> <p>Residential Census: 49</p> <p>The Commons on Meridian was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00459126 and IN00458393.</p> <p>Quality review was completed on May 23, 2025.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE