STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000543	A. BUILDING: _____ B. WING _____	R-C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS RETIREMENT CENTER	1901 TAYLOR RD COLUMBUS, IN 47203

(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 Paper compliance to the Investigation of Residential Complaint IN00441926 completed on October 8, 2024. Review Date: November 22, 2024 Facility Number: 000543 Four Seasons Retirement Center was found to be in compliance with with 410 IAC 16.2-5, in regard to the paper compliance review to the Residential Complaint Investigation. Quality review completed on November 22, 2024.	{R 000}		