STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000105	A. BUILDING: _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUETTE	8140 TOWNSHIP LINE RD 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 the Investigation of Complaint IN00461739. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00459646 completed on June 10, 2025, which resulted in unrelated deficiencies cited. Complaint IN00461739-No deficiencies related to the allegations are cited. Survey date: July 2, 2025 Facility number: 000105 Residential Census: 70 Marquette was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00461739. Quality review was completed on July 3, 2025.	R 000		