DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/18/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER POREST CREEK VILLAGE STREET ADDRESS, CITY, STATE, ZIP CODE S25 E THOMPSON RD INDIANAPOUS, IN 48227	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION ING 01		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	100211	STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN 46227		DE	05/16/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{K 000}	Participation in Medic Subpart 483.90(a), Li 2012 Edition of the N Association (NFPA) 1 Chapter 19, Existing and 410 IAC 16.2. This one story facility Type V (000) constru The facility has a fire detection in the corridthe corridors. The facility has a cap census of 83 at the ti	care/Medicaid, 42 CFR ife Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC), Health Care Occupancies I was determined to be of ction and fully sprinklered. alarm system with smoke dors and in all areas open to cility has battery operated Il resident sleeping rooms. acity of 128 and had a me of this visit. ents have customary access areas providing facility ered except for two orage sheds.	{K 0	00)			