

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 10/20/2016
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 IN00206155.</p> <p>Complaint IN00206155 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 20, 2016</p> <p>Facility number: 013034 Provider number: 013034</p> <p>Residential Census: 26</p> <p>Sample: 4</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 IN00206155.</p> <p>QR was completed by 99993 on 10/24/16.</p>	R 000		

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

TITLE

(X6) DATE