

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 R-C 09/27/2023
NAME OF PROVIDER OR SUPPLIER ANTHOLOGY OF MERIDIAN HILLS		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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on May 10, 2023. This visit was in conjunction with a PSR to Complaints IN00414444 and IN00413906 completed on August 8, 2023.</p> <p>Complaint IN00414444 - Corrected.</p> <p>Complaint IN00413906 - Corrected.</p> <p>Survey dates: September 26 and 27, 2023</p> <p>Facility number: 013933</p> <p>Residential Census: 38</p> <p>Anthology of Meridian Hills was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review was completed on October 4, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE