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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2017

NAME OF PROVIDER OR SUPPLIER **LAWRENCE MANOR HEALTHCARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **8935 E 46TH ST** **INDIANAPOLIS, IN 46226**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00247423. Complaint IN00247423 - Substantiated. No deficiencies related to the allegation are cited. Survey date: December 11, 2017 Facility number: 000383 Provider number: 155721 AIM number: 100289610 Census Bed Type: SNF/NF: 39 Total: 39 Census Payor Type: Medicare: 5 Medicaid: 30 Other: 4 Total: 39 Lawrence Manor Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00247423. Quality review completed on December 12, 2017	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE