

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/15/2024
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF BANTA POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 6510 U.S. 31 SOUTH INDIANAPOLIS, IN 46227		
(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 IN00443995.</p> <p>Complaint IN00443995 - No deficiencies related to the allegation are cited.</p> <p>Survey date: October 15, 2024</p> <p>Facility number: 014018</p> <p>Residential Census: 53</p> <p>Five Star Residences of Banta Pointe was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00443995.</p> <p>Quality review completed on October 15, 2024.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE