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

PRINTED: 01/23/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE S226 6 83h0 3 STREET NOMANAPOLIS, IN 46230 (CA) 10 GROSS-REPERBNICED TO THE PROVIDERS PLAN OF CORRECTION PRICE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PRICE PROVIDERS PLAN OF CORRECTION PROVI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER SUMMARY SITEMENT OF DEFICIENCIES DEPOSITION OF DEFICIENCIES DEPOSITION OF CONSECUTION DEPOSITION OF CONSECUTION OF									
ALUSON POINTE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY NOIANAPOLIS, IN 46250			155272	B. WING			01/	17/2024	
INDIANAPOLIS, IN 46250 INTITIAL COMMENTS SUMMARY STATEMENT OF DEFICIENCES INDIANAPOLIS, IN 46250 INTITIAL COMMENTS SURVEY REVISIT (PSR) to the Investigation of Complaint IN00422629 conducted on 11/3/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN00423032, and IN004220370, IN00422081, IN00422081, IN00422081, IN00422081, IN00422081, IN00422083, and IN00423382 completed on 11/3/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN00419584, IN00420570, IN00420188, IN00420302, and IN00420570, IN0042081, IN00422081, IN00420570, IN0042081, IN004205302, and IN00420530, and IN00423038. Corrected Complaint IN00423038. Corrected Complaint IN00423058. Corrected Complaint IN00423059. Corrected Complaint IN00423059. Corrected Complaint IN00420059. Correc	NAME OF P	ROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE			
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PREFIX TAG	ALLISON	POINTE HEALTHOAKE	SENTER		INI	DIANAPOLIS, IN 46250			
This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00420629 conducted on 11/3/23. This visit was in conjunction with the PSR to the Annual/Recortification and State Licensure survey conducted on 11/3/23. This visit included the PSR to the Investigation of Complaints IN00419584, IN00420370, IN00420188, IN00420302, and IN00420629 completed on 11/3/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN0042861, IN00420595, and IN00423382 completed on 12/6/23. This visit was in conjunction with the Investigation of Complaints IN0042489 and IN00425553 completed on January 17, 2024. Complaint IN00423063 - Corrected Complaint IN00423882 - Corrected Complaint IN00423083 - Corrected Complaint IN00420629 - Corrected Complaint IN00420629 - Corrected Complaint IN004200370 - Corrected Complaint IN00420030 - Corrected Complaint IN00420307 - Sorrected Complain	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR			COMPLETION	
This visit was in conjunction with the PSR to the Annual/Recertification and State Licensure survey conducted on 11/3/23. This visit included the PSR to the Investigation of Complaints IN00419584, IN00420370, IN00420188, IN0042032, and IN00420629 completed on 11/3/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN00422381, IN00423088, and IN00423382 completed on 12/6/23. This visit was in conjunction with the Investigation of Complaints IN00424489 and IN00425553 completed on January 17, 2024. Complaint IN00422061 - Corrected Complaint IN00423056 - Corrected Complaint IN00423058 - Corrected Complaint IN00423058 - Corrected Complaint IN00420629 - Corrected Complaint IN00420629 - Corrected Complaint IN00420629 - Corrected Complaint IN00420629 - Corrected Complaint IN00420188 - Corrected Complaint IN00420189 - Corrected Complaint IN00420189 - Corrected Complaint IN00420189 - Corrected Complaint IN00420188 - Corrected Complaint IN00420188 - Corrected Complaint IN00420188 - Corrected Complaint IN00420188 - Corrected Complaint IN00420589 - Corrected Complaint IN00420589 - No deficiencies related to the allegations are cited Complaint IN00425553 - No deficiencies related to the allegations are cited Survey dates: January 16 and 17, 2024 Facility number: 000172 Provider number: 155272	{F 000}	This visit was for the to the Investigation of	Post Survey Revisit (PSR) f Complaint IN00420629	{F 0	00}				
of Complaints IN00424489 and IN0042553 completed on January 17, 2024. Complaint IN00422861 - Corrected Complaint IN00423058 - Corrected Complaint IN00423382 - Corrected Complaint IN00420629 - Corrected. Complaint IN00419584 - Corrected Complaint IN00420370 - Corrected Complaint IN00420188 - Corrected Complaint IN00420188 - Corrected Complaint IN00420189 - No deficiencies related to the allegations are cited Complaint IN00425553 - No deficiencies related to the allegations are cited Survey dates: January 16 and 17, 2024 Facility number: 000172 Provider number: 155272		This visit was in conju Annual/Recertification conducted on 11/3/23 to the Investigation of IN00420370, IN00420 IN00420629 complete This visit was in conju Investigation of Comp IN00423058, and IN0 12/6/23.	unction with the PSR to the n and State Licensure survey 3. This visit included the PSR of Complaints IN00419584, 10188, IN00420302, and led on 11/3/23. Sunction with the PSR to the plaints IN00422861, 10423382 completed on						
ADODATORY DIRECTOR'S OR DROV/IDED/GLIDDLIED DEDDESENTATIVE'S SIGNATURE.		of Complaints IN0042 completed on Januar Completed on Januar Complaint IN0042385 Complaint IN0042335 Complaint IN0042062 Complaint IN0042037 Complaint IN0042037 Complaint IN0042038 Complaint IN0042038 Complaint IN0042445 to the allegations are Complaint IN0042555 to the allegations are Survey dates: Januar Facility number: 000	24489 and IN00425553 y 17, 2024. 61 - Corrected 68 - Corrected 69 - Corrected 69 - Corrected 70 - Corrected 68 - Corrected 69 - No deficiencies related 60 - No deficiencies related 61 - No deficiencies related 62 - Corrected 63 - No deficiencies related 64 - Corrected 65 - No deficiencies related						
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(X6) DATE

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:		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		455070	B WING			R-C	
NAME OF P	ROVIDER OR SUPPLIER	155272	B. WING _	STREET ADDRESS, CITY	/, STATE, ZIP CODE	01/17/2024	
ALLISON POINTE HEALTHCARE CENTER				5226 E 82ND STREET INDIANAPOLIS, IN			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BI ERENCED TO THE APPROPRIA DEFICIENCY)		
{F 000}	compliance with 42 C 410 IAC 16.2-3.1 in re Investigation of Comp	Care was found to be in FR Part 483 Subpart B and egard to the PSR to the	{F 0	00}			