STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155683	A. BUILDING _____ B. WING _____	C 07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B CHRISTIAN HEALTHCARE CENTER	**3208 N SHERMAN DR INDIANAPOLIS, IN 46218**

(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 IN00259343 Complaint IN00259343- Unsubstantiated due to lack of evidence. Survey date: July 5, 2018 Facility number: 011032 Provider number: 155683 AIM number: 200262860 Census bed type: NF: 24 SNF/NF: 1 Total: 25 Census payor type: Medicaid: 25 Total: 25 B and B Christian 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 IN00259343. Quality review completed on July 6, 2018	F 000		

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