STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011970	A. BUILDING: _____ B. WING _____	C 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 SENIOR LIVING VERMILLION PLACE	449 MAIN ST ANDERSON, IN 46016

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00443232 and IN00445014. Complaint IN00443232 - No deficiencies related to the allegations are cited. Complaint IN00445014 - No deficiencies related to the allegations are cited. Survey date: October 9, 2024 Facility number: 011970 Residential Census: 43 1019 Senior Living Vermillion Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00443232 and IN00445014. Quality review completed October 11, 2024.	R 000		