STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003915	A. BUILDING: _____ B. WING _____	R-C 07/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOM AT EAGLE CREEK	**5045 W 52ND ST INDIANAPOLIS, IN 46254**

(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 Post Survey Revisit (PSR) to the Investigation of Complaint IN00409427 completed on June 08, 2023. Complaint IN00409427 - Corrected. Survey date: July 17, 2023 Facility Number: 003915 Facility Census: 52 Bloom At Eagle Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00409427. Quality review completed on July 19, 2023.	{R 000}		