STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000103	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTENHEIM HEALTH & LIVING COMMUNITY	3525 E HANNA AVE INDIANAPOLIS, IN 46237

(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 IN00182159. Complaint IN00182159 - Unsubstantiated due to lack of evidence. Survey dates: September 22 & 23, 2015 Facility number: 000103 Provider number: 155196 AIM number: 100290000 Census bed type: Residential 66 Total: 66 Sample: 3 Altenheim Health & Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00182159. QR was completed by 99993 on 09/24/15.	R 000		