STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155138	A. BUILDING _____ B. WING _____	C 11/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-INDIANAPOLIS	**2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203**

(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	F 000		

This visit was for the Investigation of Complaints IN00213270, IN00214598, IN00215227 and IN00215243.

Complaint IN00213270 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00214598 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00215227 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00215243 - Substantiated. No deficiencies related to the allegations are cited.

Survey date:
November 21, 22 & 23, 2016

Facility number: 000063
Provider number: 155138
AIM number: 100266210

Census bed type:
SNF/NF: 68
Total: 68

Census payor type:
Medicare: 3
Medicaid: 48
Other: 17
Total: 68

Sample: 11

Golden Living Center - Indianapolis 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 Complaints IN00213270, IN00214598, IN00215227 and IN00215243.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155138	A. BUILDING _____ B. WING _____	C 11/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-INDIANAPOLIS	**2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203**

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F 000	Continued From page 1 QR was completed by 99993 on 11/29/16.	F 000		