STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING _____ B. WING _____	C 03/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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 Complaints IN00345552, IN00345090, IN00341689 and IN00337446. Complaint IN00345552- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00345090- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00341689- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00337446- Substantiated. No deficiencies related to the allegations are cited. Survey dates: March 22, 23, and 24, 2021 Facility number: 000074 Provider number: 155154 AIM number: 100290050 Census Bed Type: SNF/NF: 55 SNF: 11 Total: 66 Census Payor Type: Medicare: 17 Medicaid: 37 Other: 12 Total: 66 Spring Mill Meadows was found to be in compliance with 42 CFR Part 483, Subpart B 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00345552, IN00345090,	F 000		

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
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F 000	Continued From page 1 IN00341689 and IN00337446. Quality review was completed on March 25, 2021.	F 000		