

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/28/2026
NAME OF PROVIDER OR SUPPLIER COMMONS ON MERIDIAN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 8549 N MERIDIAN STREET, INDIANAPOLIS, , 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Intake 472139.</p> <p>Intake 472139-No deficiencies related to the allegations are cited.</p> <p>Survey date: September 28, 2026.</p> <p>Facility number: 013933</p> <p>Residential Census: 70</p> <p>The Commons on Meridian was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intake 472139.</p> <p>Quality review was completed on September 28, 2026.</p>	R 0000			
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	