STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155214	A. BUILDING _____ B. WING _____	C 08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANTHONY	**203 FRANCISCAN DR CROWN POINT, IN 46307**

(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 IN00358456 and IN00359604. This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and PSR to the Investigation of Complaint IN00353349 completed on June 18, 2021. Complaint IN00358456 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00359604 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00353349 - Corrected. Survey dates: August 3 and 4, 2021. Facility number: 000120 Provider number: 155214 AIM number: 100274780 Census Bed Type: SNF/NF: 146 SNF: 17 NCC: 2 Total: 165 Census Payor Type: Medicare: 19 Medicaid: 105 Other: 41 Total: 165 Saint Anthony was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC	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
	155214	A. BUILDING _____ B. WING _____	C 08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANTHONY	**203 FRANCISCAN DR CROWN POINT, IN 46307**

(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	Continued From page 1 16.2-3.1 in regard to the Investigation of Complaints IN00358456 and IN00359604. Quality review completed on 8/5/21.	F 000		