STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF INDIANAPOLIS	7365 E 16TH ST, INDIANAPOLIS, , 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00426627, IN00430177, IN00434833, and IN00434837. Complaint IN00426627 - No deficiencies related to the allegations are cited. Complaint IN00430177 - No deficiencies related to the allegations are cited. Complaint IN00434833 - No deficiencies related to the allegations are cited. Complaint IN00434837 - No deficiencies related to the allegations are cited. Survey date: June 6, 2024 Facility number: 005729 Residential Census: 32 Crownpointe Of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of	R 0000		

	Complaints IN00426627, IN00430177, IN00434833, and IN00434837. Quality review completed on June 6, 2024			

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