STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF GREENSBURG	1034 CROWN POINTE BLVD, GREENSBURG, , 47240

(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 Intakes IN00464340 and IN00464279. Intake IN00464340 - No deficiencies related to the allegations are cited. Intake IN00464279 - No deficiencies related to the allegations are cited. Survey dates: September 17 and 18, 2025 Facility number: 011914 Residential Census: 35 Crown Pointe Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes IN00464340 and IN00464279. Quality review completed on September 22, 2025.	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