

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 09/11/2026
NAME OF PROVIDER OR SUPPLIER CROWN POINTE OF GREENSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Intake 471110. Intake 471110 - No deficiencies related to the allegations were cited. Survey date: September 10 and 11, 2026 Facility number: 011914 Residential Census: 35 Chapters Living of Greensburg was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the Investigation of Intake 471110. Quality review completed on September 14, 2026.	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			TITLE	(X6) DATE	

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FORM APPROVED

OMB NO. 0938-0391

SIGNATURE		
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