STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT GRANGER	6330 N FIR RD, GRANGER, , 46530

(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 a Post Survey Revisit (PSR) to the Investigation of Intake 465429 completed on October 17, 2025. Intake 465429 - Corrected Survey date: December 8, 2025 Facility number: 012229 Residential Census: 124 Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Intake 465429. Quality Review completed on 12/11/2025 This visit was for a Post Survey Revisit (PSR) to the Investigation of Intake 465429 completed on October 17, 2025. Intake 465429 - Corrected Survey date: December 8, 2025	R 0000		

	Facility number: 012229 Residential Census: 124 Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Intake 465429. Quality Review completed on 12/11/2025			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.	R 0052		12/19/2025

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