STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/27/2023

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 Investigation of Complaints IN00409063, IN00408412 and IN00408053 completed on May 25, 2023. This visit was in conjunction with the Investigation of Complaints IN00410972 and IN00410392. Complaint IN00409063 - Corrected Complaint IN00408412 - Corrected Complaint IN00408053 - Corrected Complaint IN00410972 - No deficiencies related to the allegations are cited. Complaint IN00410392 - No deficiencies related to the allegations are cited. Survey dates: June 26 & 27, 2023 Facility number: 012229	R 0000		

	Residential Census: 119 Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00409063, IN00408412 and IN00408053. Quality review completed on 7/5/2023.			

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