| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>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<br><br>This visit was for the Investigation of Complaints IN00410972 and IN00410392.<br><br>This visit was in conjunction with the PSR to the Investigation of Complaints IN00409063, IN00408412 and IN00408053 completed on May 25, 2023.<br><br>Complaint IN00410972 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00410392 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00409063 - Corrected.<br><br>Complaint IN00408412 - Corrected.<br><br>Complaint IN00408053 - Corrected.<br><br>Survey dates: June 26 & 27, 2023<br><br>Facility number: 012229 | R 0000 | | |

| | | | | |
|---|---|---|---|---|
| | Residential Census: 119<br><br>Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00410972 and IN00410392.<br><br>Quality review was completed 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 |
|---|---|---|
| | | |