STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CROWN POINT	140 E 107TH AVENUE, CROWN POINT, , 46307

(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 Complaint IN00410515 completed on July 5, 2023. Complaint IN00410515 - Corrected Survey date: August 25, 2023 Facility number: 012940 Residential Census: 54 Bickford of Crown Point was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00410515. Quality review completed on 8/28/23. This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00410515 completed on July 5, 2023. Complaint IN00410515 -	R 0000		

	Corrected Survey date: August 25, 2023 Facility number: 012940 Residential Census: 54 Bickford of Crown Point was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00410515. Quality review completed on 8/28/23.			

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