STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE	1255 DEMAREE ROAD, GREENWOOD, , 46143

(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 Complaint IN00408290 completed on May 22, 2023. This visit was in conjunction with a PSR to the Investigation of Complaint IN00409992 completed June 6, 2023. This visit was in conjunction with a PSR to the Investigation of IN00405175 completed April 10, 2023. Complaint IN00408290 - Corrected Complaint IN00409992 - Corrected Complaint IN00405175 - Corrected Survey dates: July 31 and August 1, 2023 Facility number: 014079 Residential Census: 58	R 0000		

Demaree Crossing Assisted Living and Memory Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00408290.

Quality review completed August 2, 2023.

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00408290 completed on May 22, 2023.

This visit was in conjunction with a PSR to the Investigation of Complaint IN00409992 completed June 6, 2023.

This visit was in conjunction with a PSR to the Investigation of IN00405175 completed April 10, 2023.

Complaint IN00408290 - Corrected

Complaint IN00409992 - Corrected

Complaint IN00405175 - Corrected

Survey dates: July 31 and August 1, 2023

Facility number: 014079

Residential Census: 58

Demaree Crossing Assisted Living and Memory Care was found to be in compliance with

	410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00408290. Quality review completed August 2, 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