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 IN00405175 completed on April 10, 2023. This visit was in conjunction with a PSR to the Investigation of Complaint IN00408290 completed on May 22, 2023. This visit was in conjunction with the PSR to the Investigation of Complaint IN00409992 completed on June 6, 2023. Complaint IN00405175 - Corrected Complaint IN00408290 - Corrected Complaint IN00409992 - 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 IN00405175.

Quality review completed August 2, 2023.

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00405175 completed on April 10, 2023.

This visit was in conjunction with a PSR to the Investigation of Complaint IN00408290 completed on May 22, 2023.

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

Complaint IN00405175 - Corrected

Complaint IN00408290 - Corrected

Complaint IN00409992 - 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 IN00405175. 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