STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012229	A. BUILDING: _____ B. WING _____	R-C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT GRANGER	6330 N FIR RD GRANGER, IN 46530

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	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 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.	{R 000}		