

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER CROWN SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250		
(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}	<p>INITIAL COMMENTS</p> <p>Paper compliance to the State Residential Licensure Survey and Investigation of Complaints IN00354392 completed on June 11, 2021</p> <p>Review date: December 13, 2021</p> <p>Facility number: 013328</p> <p>Crown Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Paper compliance for the Residential Licensure and Complaint Investigation.</p> <p>Quality review completed on December 13, 2021</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE