

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 C 03/15/2022
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>This visit was for the Investigation of Complaints IN00374337, IN00374505, and IN00375118.</p> <p>Complaint IN00374337- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00374505-Unsubstantiate. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00375118- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 14 and 15, 2022.</p> <p>Facility number: 013328</p> <p>Residential: 61</p> <p>Crown Senior Living was found to be in compliance with 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00374337, IN00374505, and IN00375118.</p> <p>Quality review completed on March 18, 2022</p>	R 000		

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

TITLE

(X6) DATE