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 _____	C 03/27/2024

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 the Investigation of Complaints IN00428642, IN00429080 and IN00430956. Complaint IN00428642 - No deficiencies related to the allegations are cited. Complaint IN00429080 - No deficiencies related to the allegations are cited. Complaint IN00430956 - No deficiencies related to the allegations are cited. Survey date: March 27, 2024 Facility number: 012229 Residential Census: 114 Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00428642, IN00429080 and IN00430956.	R 000		