

Indiana 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 03/15/2024
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 IN00421980 and IN00425931.</p> <p>Complaint IN00421980 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00425931 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 15, 2024</p> <p>Facility number: 013328</p> <p>Residential Census: 4</p> <p>Crown Senior Living was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00421980 and IN00425931.</p> <p>Quality review completed on March 15, 2024</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE