STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155797	A. BUILDING _____ B. WING _____	R-C 04/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN PLACE HEALTH CAMPUS	**2320 N MONTGOMERY ROAD GREENSBURG, IN 47240**

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

Post Survey Revisit (PSR) to the Investigation of Complaint IN00402207 completed on March 1, 2023, which resulted in an unrelated deficiency cited. This visit included a PSR to the Investigation of Residential Complaint IN00401666.

Unrelated deficiency - Corrected.

Survey date: April 10, 2023

Facility number: 012854
Provider number: 155797
AIM number: 201104690

Census Bed Type:
SNF/NF: 31
SNF: 25
Residential: 18
Total: 74

Census Payor Type:
Medicare: 21
Medicaid: 26
Other: 9
Total: 56

Aspen Place Health Campus was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR for the Complaint Investigation, unrelated finding.

Quality review completed on April 13, 2023.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE