| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155777 | A. BUILDING _____ B. WING _____ | R 02/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CREASY SPRINGS HEALTH CAMPUS** | **1750 S CREASY LN LAFAYETTE, IN 47905** |

| (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} | | |

This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on December 20, 2023. This visit included a PSR to the State Residential Licensure Survey completed on December 20, 2023.

Survey dates: February 22 and 23, 2024

Facility number: 012285
Provider number: 155777
AIM number: 201006770

Census Bed Type:
SNF/NF: 29
SNF: 35
Residential: 50
Total: 114

Census Payor Type:
Medicare: 29
Medicaid: 25
Other: 10
Total: 64

Creasy Springs 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 to the Recertification and State Licensure Survey.

Quality review was completed on March 5, 2024.

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