STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003674	A. BUILDING: _____ B. WING _____	C 03/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRAWFORDSVILLE BICKFORD COTTAGE LLC	100 BICKFORD LN CRAWFORDSVILLE, IN 47933

(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 Complaint IN00402313. Complaint IN00402313 - No deficiencies related to the allegations are cited. Survey date: March 08, 2023 Facility number: 003674 Residential Census: 14 Crawfordsville Bickford Cottage was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00402313. Quality review completed on March 15, 2023.	R 000		