STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012129	A. BUILDING: _____ B. WING _____	C 11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF ANDERSON	**2727 CROWNPOINTE CIRCLE ANDERSON, IN 46012**

(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 IN00389385 and IN00393175. Complaint IN00389385 - Substantiated. No State Residential Findings related to the allegations were cited. Complaint IN00393175 - Substantiated. No State Residential Findings related to the allegations were cited. Survey dates: November 9 & 10, 2022. Facility number: 012129 Residential Census: 59 Crownpointe of Anderson was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00389385 and IN00393175. Quality review completed on November 16, 2022.	R 000		