STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012007	A. BUILDING: _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING ASSISTED LIVING COMMUNITY	2400 MARKET ST CHARLESTOWN, IN 47111

(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 IN00446173, IN00445399, and IN00443684. Complaint IN00446173 - No deficiencies related to the allegations were cited. Complaint IN00445399 - No deficiencies related to the allegations were cited. Complaint IN00443684 - No deficiencies related to the allegations were cited. Survey dates: November 6 and 7, 2024. Facility number: 012007 Residential Census: 77 River Crossing Assisted Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00446173, IN00445399, and IN00443684. Quality review completed on November 14, 2024.	R 000		