STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010680	A. BUILDING: _____ B. WING _____	C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE VILLAGE OF COLUMBUS	2564 FOXPOINTE DR COLUMBUS, IN 47203

(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 IN00447322, IN00447080, and IN00445705. Complaint IN00447322 - No deficiencies related to the allegations are cited. Complaint IN00447080 - No deficiencies related to the allegations are cited. Complaint IN00445705 - No deficiencies related to the allegations are cited. Survey dates: November 15, 21, and 22, 2024. Facility number: 010680 Residential Census: 38 Keepsake Village Of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00447322, IN00447080, and IN00445705. Quality review completed on December 1, 2024.	R 000		