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-C 11/10/2022

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 This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on October 6, 2022. This visit included a PSR to the Investigation of Complaints IN00374336 and IN00374363 completed on October 6, 2022. This visit included a PSR to the State Residential Licensure Survey completed on October 6, 2022. Complaint IN00374336 - Corrected. Complaint IN00374363 - Corrected. Survey dates: November 9 and 10, 2022 Facility number: 012285 Provider number: 155777 AIM number: 201006770 Census Bed Type: SNF/NF: 27 SNF: 36 Residential: 40 Total: 103 Census Payor Type: Medicare: 28 Medicaid: 16 Other: 19 Total: 63 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 and Investigation of Complaints IN00374336 and IN00374363.	{F 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000}	Continued From page 1 Quality review was completed on November 10, 2022.	{F 000}		