STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155818	A. BUILDING _____ B. WING _____	C 01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE HEALTH CAMPUS	**3043 NORTH LINTEL DRIVE BLOOMINGTON, IN 47404**

(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 the Investigation of Complaints IN00396682 and IN00398098. Complaint IN00396682 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00398098 - Unsubstantiated due to lack of evidence. Survey dates: January 19 and 20, 2023 Facility number: 012974 Provider number: 155818 AIM number: 201247830 Census Bed Type: SNF/NF: 2 SNF: 18 NF: 24 Residential :61 Total: 105 Census Payor Type: Medicare: 20 Medicaid: 20 Other: 4 Total: 44 Hearthstone 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 Investigation of Complaints IN00396682 and IN00398098. Quality review completed January 25, 2023.	F 000		

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