

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 7365 E 16TH ST INDIANAPOLIS, IN 46219		
(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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00426627, IN00430177, IN00434833, and IN00434837.</p> <p>Complaint IN00426627 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430177 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434833 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434837 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 6, 2024</p> <p>Facility number: 005729</p> <p>Residential Census: 32</p> <p>Crownpointe Of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00426627, IN00430177, IN00434833, and IN00434837.</p> <p>Quality review completed on June 6, 2024</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE