

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003674	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER 1019 BELLE'S PLACE OF CRAWFORDSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 BICKFORD LN CRAWFORDSVILLE, IN 47933		
(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 Complaint IN00445722. Complaint IN00445722 - No deficiencies related to the allegations are cited. Survey date: October 31, and November 1, 2024 Facility number: 003674 Residential Census: 23 1019 Belle's Place Of Crawfordsville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00445722. Quality review completed on November 7, 2024.	R 000			

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

TITLE

(X6) DATE