STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012229	A. BUILDING: _____ B. WING _____	R-C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT GRANGER	6330 N FIR RD GRANGER, IN 46530

(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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00444050, IN00435195, IN00435202 and IN00435204 completed on 10/4/24. Complaint IN00444050 - Corrected Complaint IN00435195 - Corrected Complaint IN00435202 - Corrected Complaint IN00435204 - Corrected Survey date: November 8, 2024 Facility number: 012229 Residential Census: 122 Storypoint Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00444050, IN00435195, IN00435202 and IN00435204. Quality Review completed on 11/13/2024	{R 000}		