| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013335 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARRISON'S CROSSING HEALTH CAMPUS | 395 8TH AVENUE TERRE HAUTE, IN 47804 |

| (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<br><br>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00421626 and IN00423712.<br><br>Complaint IN00421626 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00423712 - No deficiencies related to the allegations are cited.<br><br>Survey dates: January 2, 3, 4, 5, 8, and 9, 2024<br><br>Facility number: 013335<br><br>Residential Census: 35<br><br>Harrison's Crossing Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.<br><br>Quality review completed on January 17, 2024. | R 000 | | |