

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/26/2023
NAME OF PROVIDER OR SUPPLIER CROWN SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250		
(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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey and PSR to Investigations of Complaints IN00399970, IN00395113, IN00395543, and IN00393659 completed on 4/6/23.</p> <p>Complaint IN00399970 - Corrected</p> <p>Complaint IN00395113 - Corrected</p> <p>Complaint IN00395543 - Corrected</p> <p>Complaint IN00393659 - Corrected</p> <p>Survey dates: 6/26/23</p> <p>Facility number: 013328</p> <p>Residential Census: 56</p> <p>Crown Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey, and to the PSR to Investigations of Complaints IN00399970, IN00395113, IN00395543 and IN00393659.</p> <p>Quality review completed on June 28, 2023</p>	{R 000}		

Indiana Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE