

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013578 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/21/2024 |
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| NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF HARTFORD CITY | STREET ADDRESS, CITY, STATE, ZIP CODE 100 INDEPENDENCE PARKWAY HARTFORD CITY, IN 47348 |
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| (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 |
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| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00433050, IN00433060, and IN00434750.</p> <p>Complaint IN00433050 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433060 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434750 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 20 and 21, 2024</p> <p>Facility number: 013578</p> <p>Residential Census: 26</p> <p>Crownpointe of Hartford City was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00433050, IN00433060, and IN00434750.</p> <p>Quality review completed June 26, 2024.</p> | R 000 | | |

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| Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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