STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013582	A. BUILDING: _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF LEBANON	**610 CROWNPOINTE DRIVE LEBANON, IN 46052**

(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 Complaints IN00386024 and IN00371355. Complaint IN00386024 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00371355 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: July 27, 28 and 29, 2022 Facility number: 013582 Residential Census: 51 Crownpointe of Lebanon was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00386024 and IN00371355. Quality review was completed on August 5, 2022.	R 000		