Report Name:
Version: Report
Code:
Submission Date:
Code Citation:

Complaint Summary by Residence 1.0 MO-CSR April 15, 2021 IC 12-15-30.5-4 (a)(1)(D) iii

Experience Period >> 12/01/20-12/31/20

	Nursing Facility	Hospital	Community
Dec-20	12	9	41

Note: Data reflects the residence type for the complaints or concerns directed to FSSA and to Southeastrans.

Total	
	62