Report Name:

Complaint Summary by Residence 1.0

Version: Report Complain MO-CSR

Code: February 28, 2020 Submission Date:

Submission Date: IC 12-15-30.5-4 (a)(1)(D) iii

Experience Period >> 01/01/20-01/31/20			
	Nursing Facility	Hospital	Community
Jan-20	15	5	58

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

Total

78