

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013841	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/21/2024
NAME OF PROVIDER OR SUPPLIER CLARKSVILLE SENIOR LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 400 HUNTER STATION ROAD SELLERSBURG, IN 47172		
(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 completed on October 3, 2024. This visit included the PSR to the Complaint Investigation of IN00443193 completed on October 3, 2024.</p> <p>Complaint IN00443193 - Corrected</p> <p>Survey date: November 21, 2024</p> <p>Facility number: 013841</p> <p>Residential Census: 103</p> <p>Clarksville 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 the PSR to the Investigation of Complaint IN00443193.</p> <p>Quality review completed on November 25, 2024.</p>	{R 000}		

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

TITLE

(X6) DATE