

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 08/02/2023
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 Investigation of Complaints IN00410072, IN00410113 and IN00410141 completed on 6/30/23.</p> <p>Complaint IN00410072 - Corrected</p> <p>Complaint IN00410113 - Corrected</p> <p>Complaint IN00410141 - Corrected</p> <p>Survey date: August 2, 2023</p> <p>Facility number: 013841</p> <p>Residential Census: 125</p> <p>Clarksville Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00410072, IN00410113 and IN00410141.</p> <p>Quality review completed on August 9, 2023.</p>	{R 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE