

Indiana State 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 C 02/20/2023
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 the Investigation of Complaints IN00397825, IN00399208 and IN00399976.</p> <p>Complaint IN00397825 - Substantiated. No deficiencies related to the allegation is cited.</p> <p>Complaint IN00399208 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399976 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 17 and 20, 2023</p> <p>Facility number: 013841</p> <p>Residential Census: 113</p> <p>Clarksville Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00397825, IN00399208 and IN00399976.</p> <p>Quality review completed on February 22, 2023.</p>	R 000		

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

TITLE

(X6) DATE