

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
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NAME OF PROVIDER OR SUPPLIER FRANKLIN SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1375 NICOLE DRIVE FRANKLIN, IN 46131
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(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 Complaint IN00449098.</p> <p>Complaint IN00449098 - No deficiencies related to the allegations are cited.</p> <p>Survey date: December 31, 2024</p> <p>Facility number: 015132</p> <p>Residential Census: 30</p> <p>Franklin Senior Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00449098.</p> <p>Quality review completed January 6, 2025.</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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