STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002858	A. BUILDING: _____ B. WING _____	R-C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING POINTE OF FRANKLIN	75 S MILFORD DR FRANKLIN, IN 46131

(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}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00430745 completed on March 19, 2024. Complaint IN00430745 - Corrected. Survey date: April 5, 2024 Facility number: 002858 Residential Census: 40 Morning Pointe of Franklin was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00430745. Quality review completed April 9, 2024.	{R 000}		