

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002858	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2022
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NAME OF PROVIDER OR SUPPLIER MORNING POINTE OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 75 S MILFORD DR 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 IN00387293.</p> <p>Complaint IN00387293 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: August 8, 2022</p> <p>Facility number: 002858</p> <p>Residential Census: 46</p> <p>Morning Pointe of Franklin was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00387293.</p> <p>Quality review completed August 9, 2022.</p>	R 000		

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