

Indiana State 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 R 01/18/2023
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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 a Post Survey Revisit (PSR) to the Initial State Residential Licensure Survey completed on 12/21/22.</p> <p>Survey date: January 18, 2023</p> <p>Facility number: 015132</p> <p>Residential Census: 6</p> <p>Franklin Senior Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Initial State Residential Licensure Survey.</p> <p>Quality review completed January 20, 2023.</p>	{R 000}		

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