STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013841	A. BUILDING: _____ B. WING _____	R-C 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSVILLE SENIOR LIVING LLC	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}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the unrelated deficiency cited during the Investigation of Complaint IN00429964 completed on March 25, 2024. Survey date: May 28, 2024 Facility number: 013841 Residential Census: 96 Clarksville Senior Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the unrelated deficiency cited during the Investigation of Complaint IN00429964. Quality review completed on May 31, 2024.	{R 000}		