

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/02/2024	
NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD, RICHMOND, , 47374					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00421924. Complaint IN00421924 -- No deficiencies related to the allegations are cited. Survey date: May 2, 2024 Facility number: 001128 Residential Census: 93 NCC Census: 38 Total: 131 Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00421924. Quality review completed on May 2, 2024	R 0000					
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See							

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE