STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS FELLOWSHIP COMMUNITY	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 a State Residential Licensure Survey. This visit included a State Licensure Survey. Survey dates: August 14, & 15, 2023 Facility number: 001128 Residential Census: 89 Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on August 18, 2023	R 0000		
S 0000	INITIAL COMMENTS This visit was for a State Licensure Survey. This visit included a Residential Licensure Survey. Survey Dates: August 14, & 15,	S 0000		

	2023 Facility number: 001128 Provider number: N/A AIM number: N/A Census bed type: NCC: 37 Residential: 89 Total: 126 Census Payor type: Other: 126 Total: 126 Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-3.1 in regard to the State Licensure Survey. Quality review completed on August 18, 2023			

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 instructions.)

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