

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 04/05/2024	
NAME OF PROVIDER OR SUPPLIER MORNING POINTE OF FRANKLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 75 S MILFORD DR, FRANKLIN, , 46131					
(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 Post Survey Revisit (PSR) to Investigation of Complaint IN00430745 completed on March 19, 2024. Complaint IN00430745 - Corrected. Survey date: April 5, 2024 Facility number: 002858 Residential Census: 40 Morning Pointe of Franklin was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00430745. Quality review completed April 9, 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 instructions.)							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE			(X6) DATE	