

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 03/27/2023
NAME OF PROVIDER OR SUPPLIER LEGACY LIVING LEASING JASPER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 WEST STATE ROAD 56, JASPER, , 47546			
(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 Post Survey Revisit (PSR) for the Investigation of Complaint IN00399629 conducted on 2/2/23. Complaint IN00399629 - corrected. Survey dates: March 27, 2023 Facility number: 014383 Residential Census: 97 Legacy Living Leasing Jasper, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR for the Investigation of Complaint IN00399629 conducted on 2/2/23. Quality review completed on March 29, 2023.	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			TITLE	(X6) DATE	

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FORM APPROVED

OMB NO. 0938-0391

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		
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