

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/29/2024
NAME OF PROVIDER OR SUPPLIER OTTERBEIN FRANKLIN SENIORLIFE COMM RES & C		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131		
(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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00425437 and IN00425772.</p> <p>Complaint IN00425437- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00425772 - No deficiencies related to the allegations are cited.</p> <p>Survey date: January 29, 2024</p> <p>Facility number: 001127</p> <p>Residential Census: 153</p> <p>Otterbein Franklin Seniorlife Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00425437 and IN00425772.</p> <p>Quality review completed January 29, 2024.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE