

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 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, IN 47546		
(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 Post Survey Revisit (PSR) for the Investigation of Complaint IN00399629 conducted on 2/2/23.</p> <p>Complaint IN00399629 - corrected.</p> <p>Survey dates: March 27, 2023</p> <p>Facility number: 014383</p> <p>Residential Census: 97</p> <p>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.</p> <p>Quality review completed on March 29, 2023.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE