PRINTED: 11/14/2022 FORM APPROVED

Indiana State Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED	
		74. BOILBING		c	
	014383	B. WING		11/10/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
LEGACY LIVING LEASING JASPER, LLC					
JASPER, IN 47546					
ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	(EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE CROSS-REFERENCED TO THE APPROPRIATE DATE	
R 000 INITIAL COMMENTS		R 000			
This visit was for the Investigation of Complaint IN00393154.					
Complaint IN00393154 - Unsubstantiated due to lack of evidence.					
Survey date: November 10, 2022					
Facility number: 014383					
Residential Census: 96					
Legacy Living Leasing Jasper, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00393154.					
Quality review completed on November 10, 2022.					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS This visit was for the IN00393154. Complaint IN0039315 lack of evidence. Survey date: November Facility number: 0143 Residential Census: 9 Legacy Living Leasing be in compliance with the Investigation of Care	OTHER CORRECTION O14383 ROVIDER OR SUPPLIER STREET ALT 1850 WEI JASPER, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00393154. Complaint IN00393154 - Unsubstantiated due to lack of evidence. Survey date: November 10, 2022 Facility number: 014383 Residential Census: 96 Legacy Living Leasing Jasper, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00393154.	DEPTIFICATION NUMBER: 014383 ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 1850 WEST STATE ROAD JASPER, IN 47546 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00393154. Complaint IN00393154 - Unsubstantiated due to lack of evidence. Survey date: November 10, 2022 Facility number: 014383 Residential Census: 96 Legacy Living Leasing Jasper, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00393154.	DEFICIENCY) IDENTIFICATION NUMBER: 014383 B. WING B.	

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

TITLE (X6) DATE