

Indiana State 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 10/28/2022
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 Residential Complaint IN00392950.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the Residential State Licensure Survey.</p> <p>Complaint IN00392390 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 18, 18, 19, 20, 21, 24, 25, 26, 27, and 28, 2022</p> <p>Facility number: 001127</p> <p>Residential Census: 139</p> <p>Otterbein Franklin Seniorlife Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00392950.</p> <p>Quality review completed November 3, 2022.</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE