STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011387	A. BUILDING: _____ B. WING _____	C 08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST PARK HEALTH CAMPUS	**2401 SOUTH L ST RICHMOND, IN 47374**

(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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00301980. Complaint IN00301980 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: August 29 and 30, 2019 Facility number: 011387 Residential Census: 28 Forest Park Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00301980. Quality review completed September 3, 2019	R 000		