

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2022
NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 690 STATE STREET 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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00389206. Complaint IN00389206 - Unsubstantiated due to lack of evidence Survey date: September 27, 2022 Facility number: 013460 Residential Census: 41 Indiana Masonic Home Inc was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00389206. Quality review completed September 30, 2022.	R 000		

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

TITLE

(X6) DATE