PRINTED: 09/16/2021 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
001128			B. WING		09/14/2021				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
FRIENDS FELLOWSHIP COMMUNITY 2030 CHESTER BLVD 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	OULD BE COMPLETE				
S 000	INITIAL COMMENTS		S 000						
	This visit was for a State COVID-19 Quality Assurance Walk Through. This visit included a Residential COVID-19 Quality Assurance Walk Through.								
Date: September 14,		2021							
	Facility number: 001128								
	Census Bed Type: Residential: 99 NCC: 27 Total: 126								
	Census Payor Type: Other: 126 Total: 126								
	Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-3.1 in regard to the State COVID-19 Assurance Walk Through.								
	Quality review completed on September 15, 2021								
R 000	INITIAL COMMENTS		R 000						
		esidential COVID-19 Quality ugh. This visit included a lity Assurance Walk							
	Survey date: Septemb	ber 14, 2021							
	Facility number: 0011	28							
	Residential Census: 9	99							
	Friends Fellowship Co	ommunity was found to be in							

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IDENTIFICATION NUMBER:								
		001128	B. WING		09/14/2021					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
EDIENDS EEL LOWSHIP COMMUNITY 2030 CHESTER BLVD										
FRIENDS FELLOWSHIP COMMUNITY RICHMOND, IN 47374										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
R 000	R 000 Continued From page 1		R 000							
	compliance with 410 Residential COVID-19 Through.	IAC 16.2-5 in regard to the 9 Quality Assurance Walk								
	Quality review completed on September 15, 2021									

Indiana State Department of Health