STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001128	A. BUILDING: _____ B. WING _____	C 07/31/2019

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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00301256 and IN00302072. Complaint IN00301256 - Unsubstantiated due to lack of evidence Complaint IN00302072 - Unsubstantiated due to lack of evidence. Survey date: July 31, 2019 Facility number: 001128 Residential: 104 NCC: 49 Total: 153 Census payor type: Total: 49 Friends Fellowship Community was found to be in compliance with 410IAC 16.2-3.1 in regard to the Investigation of Complaint IN00301256 and IN00302072. Quality review completed on August 2, 2019	R 000		