PRINTED: 08/21/2023 FORM APPROVED

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001128			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		08/15/2023		
	ROVIDER OR SUPPLIER	2030 CHI	DDRESS, CITY, STATE ESTER BLVD ND, IN 47374	, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO DEFICIENC		TION SHOULD BE COMPLET THE APPROPRIATE DATE	
S 000	INITIAL COMMENTS		S 000			
	This visit was for a State Licensure Survey. This visit included a Residential Licensure Survey.					
	Survey Dates: August 14, & 15, 2023					
	Facility number: 001128 Provider number: N/A AIM number: N/A					
	Census bed type: NCC: 37 Residential: 89 Total: 126					
	Census Payor type: Other: 126 Total: 126					
		ommunity was found to be in IAC 16.2-3.1 in regard to the ey.				
	Quality review comple	eted on August 18, 2023				
	INITIAL COMMENTS	;	R 000			
		ate Residential Licensure cluded a State Licensure				
	Survey dates: August	t 14, & 15, 2023				
	Facility number: 0011	28				
	Residential Census: 8	89				
	Friends Fellowship C compliance with 410	ommunity was found to be in AC 16.2.5 in regard to the				

X20211

PRINTED: 08/21/2023 FORM APPROVED

OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/15/2023	
	001128				
ROVIDER OR SUPPLIER					10/2020
	2030 CH	IESTER BLVD			
	RICHMO	OND, IN 47374			
(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE ⁻ DATE
Continued From page 1		R 000			
State Residential Licensure Survey.					
Quality review completed on August 18, 2023					
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page State Residential Lice	FELLOWSHIP COMMUNITY 2030 CH SUMMARY STATEMENT OF DEFICIENCIES RECHMO (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 State Residential Licensure Survey.	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, FELLOWSHIP COMMUNITY 2030 CHESTER BLVD RICHMOND, IN 47374 RICHMOND, IN 47374 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 R 000 State Residential Licensure Survey. R 000	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ELLOWSHIP COMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY Continued From page 1 R 000 State Residential Licensure Survey. R 000	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374 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) Continued From page 1 State Residential Licensure Survey. R 000

X20211