

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002858	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2025
NAME OF PROVIDER OR SUPPLIER MORNING POINTE OF FRANKLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 75 S MILFORD DR 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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00450723 and IN00450860.</p> <p>Complaint IN00450723 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450860 - No deficiencies related to the allegations are cited.</p> <p>Survey date: February 13, 2025</p> <p>Facility number: 002858</p> <p>Residential Census: 36</p> <p>Morning Pointe of Franklin was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00450723 and IN00450860.</p> <p>Quality review completed February 14, 2025.</p>	R 000		

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

TITLE

(X6) DATE