

BEFORE THE STATE BOARD  
OF FUNERAL AND  
CEMETERY SERVICE  
CAUSE NO: 2022 SBFCS 0016  
2022 SBFCS 0017

IN THE MATTER OF THE LICENSE OF: )  
)  
LANKFORD FUNERAL HOME AND )  
FAMILY CENTER )  
LICENSE NO.: FH11900011 (Suspended) )  
CA21900016 (Suspended) )  
)  
and )  
)  
RANDY RAY LANKFORD )  
LICENSE NO.: FD21800053 (Suspended) )

**RECEIVED**

**MAR 31 2023**

Indiana Professional  
Licensing Agency

**ADMINISTRATIVE COMPLAINT**

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Ian Mathew, pursuant to Ind. Code §§ 25-1-7-2 and 25-1-7-7, and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the State Board of Funeral and Cemetery Service (“the Board”) against the funeral home license of Lankford Funeral Home and Family Center (“Respondent Facility”) and against the funeral director license of Randy Ray Lankford (“Respondent Director”) for violations of Ind. Code § 25-1-11-5. In support, Petitioner states and alleges the following:

**FACTS**

**Background**

1. The Office of the Indiana Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondents’ licenses.

2. Respondent Facility holds funeral home license FH11900011 (Active), which was issued by the Board on November 25, 2019 and expired on December 31, 2022.

3. Respondent Facility's address on file with the Indiana Professional Licensing Agency ("IPLA") is 3106 Middle Road, Jeffersonville, Indiana 47130.

4. At all times relevant, Respondent Director was Respondent Facility's owner and/or managing director.

5. Respondent Director holds funeral director license FD21800053, which was issued by the Board on November 8, 2018 and expired on December 31, 2022.

6. Respondent Director's address on file with IPLA is 3106 Middle Road, Jeffersonville, Indiana 47130.

7. Respondents' licenses are currently under indefinite emergency suspension, the Board having accepted voluntary summary suspension agreements in August 2022.

### **Jurisdiction**

8. On July 6, 2022, the OAG received consumer complaints against Respondents, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

9. After investigation, the OAG determined that the consumer complaints had merit. Accordingly, copies of those consumer complaints are attached hereto as **Exhibit A**.

10. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

11. Further, at all times relevant, Respondent were “practitioners” as that term is defined by Ind. Code § 25-1-11-2.

12. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-11-12.

### **Respondents’ Misconduct**

13. On July 1, 2022, the Clark County Coroner’s Office (“CCC”) notified the Jeffersonville Police Department (“JPD”) that it had received information regarding conditions at Respondent Facility.

14. JPD officers then went to the facility to investigate.

15. The officers found the bodies of thirty-one (31) deceased individuals in body bags inside Respondent Facility in various stages of decomposition.

16. These bodies were distributed in different rooms throughout the facility.

17. Several of the bodies had been in the facility for an extended period of time.

18. More specifically, at least seven (7) of the individuals had passed away prior to April 1, 2022.

19. None of the bodies were being refrigerated, and three of the building’s four air conditioning units were inoperable.

20. Several of the bodies were leaking biological material onto the floors and surfaces.

21. The officers also found the cremated remains of seventeen (17) individuals at the funeral home as well.

22. Of these, more than sixty (60) days had elapsed since the cremation date of nine (9) individuals.

### **CHARGES**

23. Paragraphs one (1) through twenty-two (22) are incorporated by reference.

#### **Count 1 Professional Incompetence**

24. Respondent Facility's conduct constitutes a violation of Ind. Code § 25-1-11-5(a)(4)(A) in that it has continued to practice despite becoming unfit to practice due to professional incompetence. More specifically, Respondent Facility's incompetence is evidenced by its failure to arrange the timely disposition of the bodies of thirty-one individuals, by the conditions in which those bodies were being kept, by the general conditions within the facility, and by its failure to arrange for the timely disposition of the cremains in its care.

#### **Count 2 Failure to Keep Abreast**

25. Respondent Facility's conduct constitutes a violation of Ind. Code § 25-1-11-5(a)(4)(B) in that it has continued to practice despite becoming unfit to practice due to failure to keep abreast of current professional theory or practice. More

specifically, Respondent Facility violated Ind. Code § 25-1-11-5(a)(4)(B) by failing to manage the human remains in its care according to current professional theory or practice.

**Counts 3 - 33**  
**Violation of State Statute Regulating the Profession**

26. Respondent Facility's conduct constitutes THIRTY-ONE (31) violations of Ind. Code § 25-1-11-5(a)(3) in that it has knowingly violated a state statute regulating the profession. More specifically, Respondent committed thirty-one violations of Ind. Code § 23-14-54-1 by failing to dispose of the bodily remains of thirty-one individuals within a reasonable time after their deaths.

**Counts 34 - 35**  
**Violation of State Statute or Rule Regulating the Profession**

27. Respondent Facility's conduct constitutes TWO (2) violations of Ind. Code § 25-1-11-5(a)(3) in that it has knowingly violated state statutes or rules regulating the profession. More specifically, Respondent Facility violated the following state statutes or rules:

- i. 832 Ind. Admin. Code 5-1-4(b) by failing to have a fully functional embalming room on the premises; and,
- ii. 832 Ind. Admin. Code 5-1-4(i) by failing to maintain the embalming room, together with the balance of the funeral home facilities, in a clean and sanitary condition.

**Counts 36 to 44**  
**Violating a State Statute Regulating the Profession**

28. Respondent Facility's conduct constitutes NINE (9) violations of Ind. Code § 25-1-11-5(a)(3) in that it knowingly violated a state statute regulating its profession. Specifically, Respondent committed nine violations of Ind. Code § 23-14-31-27(a)(1)(H) by holding the cremains of nine individuals at its facility for more than sixty (60) days from the dates of their cremation.

**Counts 45 to 88**  
**Assisting Another in Committing Violations**

29. Respondent Director's conduct constitutes FORTY-FOUR (44) violations of Ind. Code 25-1-11-5(a)(8) in that he assisted another person in committing acts that constitute grounds for discipline. More specifically, Respondent Director, as the managing director of Respondent Facility, assisted Respondent Facility in committing the violations set out in Counts 1 to 44.

**RELIEF REQUESTED**


**ACCORDINGLY**, Petitioner respectfully requests that the Board issue an Order against Respondents that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-11-12;
- II. Directs Respondents to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-11-18;

- III. Directs Respondents to each pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA  
Indiana Attorney General  
Attorney No. 18857-49

By:   
Ian Mathew  
Deputy Attorney General  
Attorney No.: 36392-49

Office of Attorney General Todd Rokita  
302 West Washington Street  
Indiana Government Center South, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
Email: [ian.mathew@atg.in.gov](mailto:ian.mathew@atg.in.gov)

**CERTIFICATE OF SERVICE**

I certify that a copy of this Administrative Complaint has been duly served

upon the below-listed party or parties:

Lankford Funeral Home and Family Center  
3106 Middle Road  
Jeffersonville, Indiana 47130  
**By U.S. Mail**

Randy Ray Lankford  
3106 Middle Road  
Jeffersonville, Indiana 47130  
**By U.S. Mail**



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Ian Mathew  
Deputy Attorney General  
Attorney No.: 36392-49





**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11679445

<b>Section 1: Your Information</b>			
Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address 402 West Washington Street Room W072	
Full Name/Organization/Agency Agency: Indiana Professional Licensing Agency Courtney Calvert		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name Courtney Calvert		Zip Code 46204	County
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Daytime Phone	
Email Address ccalvert@pla.in.gov			
May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are you or your spouse active military?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Section 2: Who is the Complaint Against?</b>			
Individual/Business Lankford Funeral Home and Family Center		Name of Individual/Representative you dealt with	
Street Address 3106 Middle Road		City Jeffersonville	State IN
County	Daytime Phone	Zip Code 47130	Email Address
<b>Section 3: Transaction/Incident Details</b>			
3-A: Date of Transaction/Incident		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable) <input type="checkbox"/> My home <input type="checkbox"/> By Internet/email <input type="checkbox"/> At the location of the business <input type="checkbox"/> By telephone <input type="checkbox"/> Away from the location of the business <input type="checkbox"/> By Social Media <input type="checkbox"/> By mail <input type="checkbox"/> Other			
3-D: What was the very first contact between you and the Individual/Business? <input type="checkbox"/> I telephoned the individual/business <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I responded to a printed advertisement <input type="checkbox"/> I responded to a TV/radio ad <input type="checkbox"/> I went to the location of the business <input type="checkbox"/> Other, describe below <input type="checkbox"/> A person came to my home <input type="checkbox"/> I received a phone call from the business <input type="checkbox"/> I received information by email <input type="checkbox"/> I responded to an offer on the Internet			
3-E: How did you Pay? <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card/Pre-pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Pay-Pal <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check <input type="checkbox"/> Installment Loan <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other			
3-F: What, if any, is the Dollar amount associated with your loss?		\$	

Exhibit A

**Section 4 Actions Taken by Consumer**

- ☐ Yes ☐ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☐ No 4-B: Have you hired a private attorney?
- ☐ Yes ☐ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☐ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 4 Actions Taken by Consumer - continued**

- ☐ Yes ☐ No 4-E: Have you complained to the Individual/Business?
- Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5 Transaction/Incident Details – attach additional pages if necessary**

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

DATE: July 5th, 2022

TO: Consumer Protection Division, Attorney General's Office

FROM: Courtney Calvert, Compliance, IPLA

SUBJECT: Lankford Funeral Home and Family Center  
3106 Middle Road, Jeffersonville IN 47130  
#FH11900011

On July 1st, 2022, IPLA inspector Courtney Calvert became aware of an investigation at Lankford Funeral Home and Family Center. Inspector Courtney Calvert has been in contact with Detective Josh Schiller with the Jeffersonville Police Department and Billy Scott the Clark County Coroner. Thirty-one decomposing bodies were removed from the Funeral Home on July 1st, 2022. The investigation on this matter is ongoing. Several news articles have been released on this current investigation. This Office is requesting a "Summary Suspension" on the Funeral Home License (#FH11900011). The Certificate of Authority (#CA 21900016) expired March 1st, 2022.

News article: <https://abc7chicago.com/lankford-funeral-home-and-family-center-indiana-bodies-jeffersonville-decomposing/12015101/>

Possible statutes and violations:

IC 30-2-13-33 Sec 33 (e) COA Expired

IC 23-14-54-1 Timely Disposition

**Section 6 How would you like your Complaint resolved?**

Any sanctions deemed appropriate by the Indiana State Board of Funeral and Cemetery Service

his Office is requesting a "Summary Suspension"

**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**

Office of Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
[www.IndianaConsumer.com](http://www.IndianaConsumer.com)

**Section 9 Consent and Verification**

Do you consent to disclosing the  
following information to the public? →

- |   |  |
|---|--|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | The nature of the complaint and the individual/business name |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Your name  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Your phone number  |

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Courtney Calvert

Your signature

July 6, 2022

Date



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

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Case No: 11679446

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Email Address ccalvert@pla.in.gov			
May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are you or your spouse active military?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
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Individual/Business Randy Lankford		Name of Individual/Representative you dealt with	
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This Office is requesting a "Summary Suspension" of the Funeral Director's License (#FD21800053).

News article: <https://abc7chicago.com/lankford-funeral-home-and-family-center-indiana-bodies-jeffersonville-decomposing/12015101/>

Possible statutes and violations:

IC 30-2-13-33 Sec 33 (e) COA Expired

IC 23-14-54-1 Timely Disposition

IC 23-14-54-5 Knowingly Violates

832 IAC 2-2-4 Sec 4 (5) Professional Conduct

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☐ Yes ☒ No Your name  
☐ Yes ☒ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Courtney Calvert

Your signature

July 6, 2022

Date