

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2025
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NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF PLAINFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 10480 GLASSWATER LANE INDIANAPOLIS, IN 46231
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(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 Complaint IN00455675.</p> <p>Complaint IN00455675 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 17, 2025</p> <p>Facility number: 014410</p> <p>Residential Census: 119</p> <p>Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00455675.</p> <p>Quality review completed on April 22, 2025.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____