

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRAND BROOK MEMORY CARE OF GREENWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2444 SOUTH STATE ROAD 135 GREENWOOD, IN 46143</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00392764, IN00396022, and IN00398189.</p> <p>Complaint IN00392764 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00396022 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00398189 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 4 and 5, 2023</p> <p>Facility number: 014426</p> <p>Residential Census: 30</p> <p>Grand Brook Memory Care of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00392764, IN00396022, and IN00398189.</p> <p>Quality review completed January 6, 2023.</p>	R 000		

Indiana State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE