

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 09/30/2024
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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 Complaints IN00443351, IN00442341, IN00440187, IN00440003, and IN00433421.</p> <p>Complaint IN00443351 - No deficiencies related to the allegations are cited Complaint IN00442341 - No deficiencies related to the allegations are cited Complaint IN00440187 - No deficiencies related to the allegations are cited Complaint IN00440003 - No deficiencies related to the allegations are cited Complaint IN00433421 - No deficiencies related to the allegations are cited</p> <p>Survey date: September 27, 29, and 30, 2024</p> <p>Facility number: 014410</p> <p>Residential Census: 121</p> <p>Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00443351, IN00442341, IN00440187, IN00440003, and IN00433421.</p> <p>Quality review completed on October 3, 2024.</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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