STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014253	A. BUILDING: _____ B. WING _____	C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND BROOK MEMORY CARE OF FISHERS	9796 EAST 131ST STREET FISHERS, IN 46038

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00453552 and IN00454500. Complaint IN00453552 - No deficiencies related to the allegations are cited. Complaint IN00454500 - No deficiencies related to the allegations are cited. Survey date: March 18, 2025 Facility number: 014253 Residential Census: 36 Grand Brook Memory Care of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00453552 and IN00454500. Quality review completed March 21, 2025.	R 000		