

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2024
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1941 W US HIGHWAY 40 BRAZIL, IN 47834		
(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 IN00438567, IN00438341, IN00438170, and IN00438351.</p> <p>Complaint IN00438567 - No deficiencies related to the allegations are cited. Complaint IN00438341 - No deficiencies related to the allegations are cited. Complaint IN00438170 - No deficiencies related to the allegations are cited. Complaint IN00438351 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 6, and 7, 2024</p> <p>Facility number: 013946</p> <p>Residential Census: 60</p> <p>Villas of Holly Brook Indiana, LLC, was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00438567, IN00438341, IN00438170, and IN00438351.</p> <p>Quality review completed on November 21, 2024.</p>	R 000			

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

TITLE

(X6) DATE