

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE GRANGER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 CLEVELAND RD GRANGER, IN 46530</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 IN00436418, IN00436368, IN00436026, and IN00433915.</p> <p>Complaint IN00436418 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436368 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436026 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433915 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 25, 2024</p> <p>Facility number: 002656</p> <p>Residential Census: 39</p> <p>Brookdale Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00436418, IN00436368, IN00436026, and IN00433915.</p> <p>Quality Review completed on 6/26/2024</p>	R 000		

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