

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 02/21/2025
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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 a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00453553, IN00452977, and IN00449669.</p> <p>Complaint IN00453553 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452977 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00449669 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 19, 20, and 21, 2025.</p> <p>Facility number: 014410</p> <p>Residential Census: 131</p> <p>Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00453553, IN00452977, and IN00449669.</p> <p>Quality review completed on March 5, 2025</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____