

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00449580, IN00451151, IN00451929, IN00452137, IN00452217, IN00452346, and IN00452415.</p> <p>Complaint IN00449580 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451151 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451929 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452137 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452217 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452346 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452415 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 11 & 12, 2025</p> <p>Facility number: 014253</p> <p>Residential Census: 31</p> <p>Grand Brook Memory Care of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00449580, IN00451151, IN00451929, IN00452137, IN00452217, IN00452346, and IN00452415.</p> <p>Quality review completed February 17, 2025.</p>	R 000		

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

TITLE

(X6) DATE

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 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