

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/14/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE GRANGER	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CLEVELAND RD GRANGER, IN 46530
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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 Post Survey Revisit (PSR) to Investigation of Complaint IN00408794 completed on June 2, 2023.</p> <p>Complaint IN00408794 - Corrected</p> <p>Survey dates: July 14, 2023</p> <p>Facility number: 002656</p> <p>Residential Census: 42</p> <p>Brookdale Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00408794.</p> <p>Quality review completed 7/24/2023.</p>	{R 000}		

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