

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2016
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NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 SPOON DR INDIANAPOLIS, IN 46219
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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 the Investigation of Complaint #IN00193793.</p> <p>Complaint IN00193793 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: March 17, 2016.</p> <p>Facility: 0011799 Provider: 011799 AIM number: n/a</p> <p>Census bed type: Residential: 96 Total: 96</p> <p>Census payor type: Medicaid: 20 Private: 71 Other: 5 Total: 96</p> <p>Sample: 18</p> <p>Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint #IN00193793.</p> <p>QR was completed by 99993 on 03/18/16.</p>	R 000		

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

TITLE

(X6) DATE