

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/11/2023	
NAME OF PROVIDER OR SUPPLIER GRAND VICTORIAN OF GREENWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 S STATE ROAD 135, GREENWOOD, , 46143					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00397266 completed on February 20, 2023. This visit was in conjunction with the PSR to the Investigation of Complaint IN00402746 completed February 28, 2023. Complaint IN00397266 - Corrected. Complaint IN00402746 - Corrected. Survey date: April 11, 2023 Facility number: 005722 Residential Census: 69 Independence Village of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of	R 0000					

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Complaint IN00397266.

Quality review completed April 12, 2023.

This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00397266 completed on February 20, 2023.

This visit was in conjunction with the PSR to the Investigation of Complaint IN00402746 completed February 28, 2023.

Complaint IN00397266 - Corrected.

Complaint IN00402746 - Corrected.

Survey date: April 11, 2023

Facility number: 005722

Residential Census: 69

Independence Village of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00397266.

Quality review completed April 12, 2023.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See

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