

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 12/10/2025	
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 the Investigation of Intakes 465610 and 466041. Intake 465610 - No deficiencies related to the allegations are cited. Intake 466041 - No deficiencies related to the allegations are cited. Survey date: December 10, 2025 Facility number: 005722 Residential Census: 109 Grand Victorian of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 465610 and 466041. Quality review completed December 12, 2025.	R 0000					

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

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

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