

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 Investigation of Complaint IN00402746 completed on February 28, 2023. This visit was in conjunction with the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00397266 completed February 20, 2023. Complaint IN00402746 - Corrected. Complaint IN00397266 - Corrected. Survey date: April 11, 2023 Facility number: 005722 Residential Census: 69	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Independence Village of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00402746. Quality review completed April 12, 2023.				
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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 instructions.)

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