STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR VILLAGE	8800 SPOON DR, INDIANAPOLIS, , 46219

(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 State Residential Licensure Survey. This visit included the Investigation of Intakes 466037 and 466564. Intake 466037 - No deficiencies related to the allegations are cited. Intake 466564 - No deficiencies related to the allegations are cited. Survey dates: February 16 and 17, 2026 Facility number: 011799 Residential Census: 99 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review competed on February 20, 2026.	R 0000	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Greenbriar Village as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the	

			Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food was stored labeled and dated, ceiling vents were free of dust debris, flooring, walls, counter tops, refrigerator, microwave, and cabinets were clean and good repair, dishwasher wash cycle reached the recommended wash temperature, food temperatures were obtained while food was stored in a food warming table, staff personal items not stored in resident food refrigerators or in kitchen area, and staff wore the appropriate hair coverings while in the kitchen around the food. This had a potential to affect 99 of 99 residents that reside in the facility.	R 0273	1. All food in storage areas was audited for labeling and dates, ceiling vents were cleaned, flooring, walls, counter tops, refrigerator, microwaves, and cabinets were cleaned, the counter baseboard has been repaired, dishwasher wash cycle inspected by maintenance and is reaching proper temperatures, food temperatures will be taken in the Memory Care community on the steam table, all staff personal items have been removed from resident food refrigerators and in the kitchen area, and staff have been educated on proper hair restraints. The missing floor tiles by the dishwasher will be replaced. The cracked wall will be repaired and the dark black debris along the back wall flooring in the dishwasher has been cleaned and removed. 2. All residents have the potential to be affected by the alleged deficiency. 3. The Dietary Director or designee to in-service all dietary staff on food storage, labeling and dating, kitchen cleaning schedules and sanitation checklists, dishwasher wash	03/20/2026

	Findings include: An observation was made of the main kitchen with the Dietary Manager (DM) on 2/16/26 at 10:32 a.m. The kitchen area was observed with ceiling tiles and air vents above the food preparation areas, and the dishwasher area with yellowish-brown fluffy debris on them. The dishwasher area had missing floor tiles, cracked wall, and a dark black debris along the back wall flooring in the dishwasher. The dishwasher contained a manufacture plate with wash and rinse cycles for the machine. The dishwasher's wash cycle was to reach 155 degrees Fahrenheit, and the sanitization rinse cycle was to reach 180 degrees Fahrenheit. At that time, the dishwasher was ran. The dishwasher was ran twice, and the wash temperature was not reaching the 155 degrees Fahrenheit. The DM had obtained a step stool to visually observed the gauges. She indicated the 2nd time the dishwasher was run, the wash cycle had reached 154 degrees Fahrenheit. During the tour, the walk-in-refrigerator was observed with the following food items not labeled or dated: one bag tied of chopped onions, one bag of prepared toss salad, one bag of shredded cheddar cheese, one block of white cheese, and an unopened		cycle appropriate temperatures, educate all staff on obtaining food temperatures on memory care, personal food items not allowed in resident food refrigerators, and hair and beard restraints. Educate all staff on no personal items in kitchen area. 4. The Dietary Director or designee will audit dishwasher temperatures, food temperatures, cleaning schedules, proper hair restraint usage, food labeling and dating daily for two days per week for one month, then weekly for five months.	

	cardboard tray of chocolate muffins. The walk-in-freezer was observed with the following food items stored not labeled or dated: two bags of spinach, two bags carrots, and two bags of corn. An interview was conducted with the DM on 2/16/26 at 10:45 a.m. She indicated the dishwasher wash cycle gauge was not moving as well as it should. The staff were logging the wash and rinse cycle temperatures every meal. As reviewing of the temperature logs hanging on the wall; the dishwasher had been reaching the appropriate temperatures for the wash and rinse cycles until now. About a month ago, there had been a water leak which caused wall and flooring damage in the dishwasher area. All food stored in refrigerators and freezers should be labeled and dated. The food served in the memory care unit was prepared in that kitchen and delivered to the food servers in the memory care kitchens. The memory care staff then serve the food to the residents. An observation was made of the memory care first floor kitchen with Certified Nursing Assistant (CNA) 10, CNA 11, and Qualified Medication Aide (QMA) 12 on 2/16/25 at 11:09 a.m. The kitchen was observed			

	with food delivered from the main kitchen stored in the food warming table. The food was dished out on to plates from the food stored in the food warming table. There was no observation of food temperatures obtain of the food being served. CNA 10, CNA 11, and QMA 12 did not have their hair contained in hair coverings serving food from the food warming table to the residents sitting at their tables in the dining area. The top kitchen cabinet was observed with salt and pepper shakers, there was salt spillage in the cabinet. The microwave had a hard reddish-brown substance stuck to the glass plate inside. The counter baseboard was observed bubbled and pulling away from the wall. The caulking around the counter baseboard was pulled away. A cell phone and a pop can was observed on the counter and a coat was next to the counter sitting on the back of a chair. The bottom cabinet contained a white bucket under the pipes of the sink. A yellow substance was observed stuck on the inside bottom of the bucket with a hard dark black in color banana peel. The refrigerator had liquid and food spillage stuck on the walls and glass shelving. A staff member's lunch bag that contained a water bottle was stored in the refrigerator with residents'			

	supplements and condiments. CNA 12 indicated at that time, staff should not be storing any personal items in the resident refrigerator. All staff lunch bags and personal belongings should be stored in the staff breakroom. The bubbled counter's baseboard had been like that for a long time. An interview was conducted with the Memory Care Director (MCD) on 2/16/25 at 11:15 a.m. She indicated the staff in the memory care clean the kitchen counters and the residents' tables. The kitchen did not have a thermometer stored. The main kitchen obtains the temperatures of the food. The memory care staff do not take any temperatures of food after receiving the food from the main kitchen. An interview was conducted with the DM on 2/16/25 at 11:30 a.m. She indicated staff that are near food should have hairnets on. She was unaware food delivered to the memory care food warming tables needed to have temperatures obtained again/on the warming tables. A dishwasher procedure guide was provided by the Interim Executive Director (IED) on 2/16/26 at 2:04 p.m. It indicated, "...Procedure...1. Temperatures must be recorded during each			

	mal period daily. 2. Record temperatures as indicated by thermometers on the dish machine. 3. Use action column to indicate corrective steps if temperature are not in proper ranges." A dining services policy was provided by the IED on 2/16/26 at 2:04 a.m. It indicated, "...Standards. We are committed to serving the highest quality of food possible in the safest manner for our residents...Hazard Analysis Critical Control Point (HACCP) is a method that identifies the periods of time when potentially hazardous food...are most likely to be in the temperature danger zone (higher than 41 [degrees Fahrenheit]...or lower than 135 [degrees Fahrenheit]...This temperature danger zone provides the ideal condition for bacteria and other microorganisms to grow rapidly. In turn, this contaminates the food to the point where foodborne illness can result. To avoid contamination, there are several steps that should be taken:...7. Take food temperatures after cooking...,during holding times greater than or equal to 135 [degrees Fahrenheit]... (on steam line),...Record these temperatures at least 3 times per meal on the daily Food Production Worksheet...Food			

	temperatures. To assure food is safe, food is handled properly temperatures should be taken to ensure food is cooked prior serving, as well as during service and at the end of the meal. The only way to reduce pathogens in food to safe level is to cook it to its minimum temperature. Once reached, you must hold this food for a specific time frame.			
R 0305	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(f)(1-3) (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens. Based on interview and record review, the facility failed to ensure the pharmacy timely refilled medications for 3 of 5 residents reviewed for medications (Residents 22, 35 and 89).	R 0305	1. Resident 22, 35, and 89 medication administration records have been reviewed to ensure all medications are present based on physician orders. 2. Wellness Director or designee will review all resident’s medications coded as unavailable in August Health. 3. Wellness Director to educate all licensed nursing staff on reordering medications. 4. Wellness Director or designee will review all medications that are listed as unavailable in August Health , two days per week for six months.	03/20/2026

Findings include:

1. The clinical record of Resident 22 was reviewed on 2/16/26 at 11:00 a.m. The resident's diagnosis included, but were not limited to: dementia (mental decline).

A physician's order, dated 10/3/25, indicated Resident 22 was to receive a 4% (percent) lidocaine patch daily.

A physician's order, dated 4/23/25, indicated the resident was to receive 500 micrograms of vitamin B-12 once a day.

The January 2026 Medication Administration Record (MAR) indicated the following days Resident 22 did not receive the 4% lidocaine patch and the 500 micrograms of vitamin B-12 due to the medications were not available:

- The resident's 4% lidocaine patch was not available on 1/10/26, 1/11/26, 1/24/26, and 1/25/26,

- The resident's Vitamin B12 was not avalable on 1/12/26, 1/13/26, 1/14/26, 1/15/26, 1/16/26, 1/17/26, 1/18/26, 1/20/26 and 1/21/26.

The February 2026 MAR indicated the following days Resident 22 did not receive the 4% lidocaine patch and the 500

micrograms of vitamin B-12 due to the medications were not available:

- The resident's 4% lidocaine patch was not available on 2/7/26 and 2/8/26.

2. The clinical record of Resident 35 was reviewed on 2/16/26 at 11:30 a.m. The resident's diagnosis included, but were not limited to: anxiety disorder.

A physician's order, dated 9/3/24, indicated the resident was to receive 2 tablets of 400 milligrams of quetiapine daily.

A physician's order, dated 9/3/24, indicated the staff were to administer 75 milligrams of clomipramine at bedtime to Resident 35.

A physician's order, dated 9/3/24, indicated the resident was to receive 10 milligrams of dicyclomine before meals.

A physician's order, dated 9/3/24, indicated the resident was to receive 10 milligrams of methylphenidate twice a day.

A physician's order, dated 9/3/24, indicated the resident was to receive 25 milligrams of naltrexone twice a day.

The January 2026 MAR indicated the following days

	Resident 35 did not receive the 800 milligrams of quetiapine, the 75 milligrams of clompramine, 10 milligrams of dicyclomine and 10 milligrams of methylphenidate as ordered due to the mediations were not available: - The resident's 800 milligrams of quetiapine was not available on 1/4/26, 1/5/26, 1/6/26, 1/7/26 and 1/8/26. - The resident's 75 milligrams of clompramine was not available on 1/4/26, 1/5/26, 1/6/26, 1/7/26, 1/8/26, 1/9/26, 1/10/26, 1/11/26, 1/12/26, 1/13/26, 1/15/26, 1/16/26, 1/17/26, 1/19/26, 1/21/26, 1/22/26, 1/23/26, 1/24/26, 1/25/26 and 1/27/26, - The resident's 10 milligrams of dicyclomine was not available on the following dates and times: 1/19/26 - evening dosage, 1/20/26 - morning and afternoon dosages, 1/21/26 - afternoon and evening dosages, and 1/22/26 - morning dosage			

- The resident's 10 milligrams of methylphendiate was not available on the following dates and times:

1/5/26 - a.m. dosage and p.m. dosage,

1/7/26 - a.m. dosage and p.m. dosage, and

1/8/26 - a.m. dosage

The February 2026 MAR indicated Resident 35 did not receive the 25 milligrams of naltrexone twice a day as ordered due to the medication was not available on the following dates and times:

2/1/26 - evening dosage,

2/2/26 - morning dosage, and

2/3/26 - morning dosage

An interview was conducted with Resident 35 on 2/16/26 at 2:00 p.m. She indicated her medications were running out prior to ordering them. She did not use the facility's pharmacy. The staff assisted with the administration of her medications, and they were suppose to let her know when she was running low on her medications. Some staff let her know, but others did not. It was happening often.

An interview was conducted

with the Director of Nursing on 2/17/26 at 2:25 p.m. She indicated Resident 35 did not use the facility's pharmacy, but the staff should be assisting with the reordering of her medications. They were able to contact the pharmacy and assist with reordering. The medications were running out of supply prior to arrival of the refills. Resident 22 did use the pharmacy the facility used, and the pharmacy did electronically communicate with the facility's system. There were times the pharmacy and the facility's system did have a disconnect with communication causing a delay of medication reordering. The Qualified Mediation Aides (QMA) will hit the reorder tab to reorder when the resident's medication supply was getting low, but the pharmacy did not always receive or they need additional information prior to filling the prescription. The QMA staff were unable to review the pharmacy's request for additional information which can cause a delay in medication reordering. She was going to look into the medication for Resident 22's lidocaine patches because they had not been reorder since December.

3. The clinical record for Resident 89 was reviewed on 2/16/26 at 10:38 a.m. The resident's diagnosis included,

but was not limited to, hypertensive chronic kidney disease (chronic high blood pressure caused by damage to the kidney).

A physician's order, dated 3/31/25, indicated Resident 89 was to receive metoprolol (blood pressure medication) 100 milligrams (mg) one time daily.

A service plan, dated 10/28/25, indicated she required assistance with medication administration. The goal was for her to receive her medications in a safe and timely manner.

The February 2026 Medication Administration Record (MAR) indicated she had not received her Metoprol 100 mg tablet on 2/8, 2/9, 2/10, 2/11, and 2/12/26. The metoprolol was not available for administration.

A progress note, dated 2/11/26, indicated the physician had been contacted for a new prescription for metoprolol.

A progress note, dated 2/13/26, indicated the hospice provider had been contacted for a new prescription for metoprolol.

During an interview on 2/17/26 at 2:30 p.m., the Director of Nursing (DON) indicated there was a medication reorder tab in the electronic MAR. The Qualified Medication Aides

	(QMA) used the tab to reorder medications, but the pharmacy did not give feedback in the tab, such as the need for a new prescription.			

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 SIGNATUREDeAnna Reid	TITLEInterim Executive Director	(X6) DATE03/06/2026