

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 07/10/2023
NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaints IN00412465 and IN00412598. This visit was in conjunction with a Post Survey Revisit (PSR) to Investigation of Complaint IN00409923 completed on 6/6/23. Complaint IN00412465 - No deficiencies related to the allegation(s) are cited. Complaint IN00412598 - No deficiencies related to the allegation(s) are cited. Complaint IN00409923-Corrected Survey date: July 10, 2023 Facility number: 011799 Residential Census: 103	R 0000			

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Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00412465 and IN00412598.	Quality review completed on July 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 instructions.)				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE