STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/10/2023

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 Post Survey Revisit (PSR) to Investigation of Complaint IN00409923 completed on 6/6/23. This visit was in conjunction with the Investigation of Complaints IN00412465 and IN00412598 completed on July 10, 2023. Complaint IN00409923 - Corrected. Complaint IN00412465 - No deficiencies related to the allegation(s) are cited. Complaint IN00412598 - No deficiencies related to the allegation(s) are cited. Survey date: July 10, 2023 Facility number: 011799 Residential Census: 103	R 0000		

	Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to Investigation of Complaint IN00409923. Quality review completed on July 13, 2023 This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00409923 completed on 6/6/23. This visit was in conjunction with the Investigation of Complaints IN00412465 and IN00412598 completed on July 10, 2023. Complaint IN00409923 - Corrected. Complaint IN00412465 - No deficiencies related to the allegation(s) are cited. Complaint IN00412598 - No deficiencies related to the allegation(s) are cited. Survey date: July 10, 2023 Facility number: 011799 Residential Census: 103 Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to Investigation of Complaint IN00409923. Quality review completed on July 13, 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