STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GREENWOOD	3021 STELLA DRIVE, 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 Complaints IN00422071, IN00425112, and IN00425928. Complaint IN00422071 - No deficiencies related to the allegations are cited. Complaint IN00425112 - No deficiencies related to the allegations are cited. Complaint IN00425928 - No deficiencies related to the allegations are cited. Survey date: January 18, 2024 Facility number: 012938 Residential Census: 36 Bickford of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00422071, IN00425112, and IN00425928. Quality review completed	R 0000		

	January 19, 2024.			

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