STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/16/2026

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 Intakes 471850 and 472407. Intake 471850 - No deficiencies related to the allegations are cited. Intake 472407 - No deficiencies related to the allegations are cited. Survey date: October 16, 2026 Facility number: 012938 Residential Census: 46 Bickford of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 471850 and 472407. Quality review completed October 20, 2026. This visit was for the Investigation of Intakes 471850 and 472407. Intake 471850 - No deficiencies related to the allegations are cited. Intake 472407 - No deficiencies related to the allegations are	R 0000		

	cited. Survey date: October 16, 2026 Facility number: 012938 Residential Census: 46 Bickford of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 471850 and 472407. Quality review completed October 20, 2026.			

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