STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK INDIANA, LLC	1941 W US HIGHWAY 40, BRAZIL, , 47834

(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 IN00438567, IN00438341, IN00438170, and IN00438351. Complaint IN00438567 - No deficiencies related to the allegations are cited. Complaint IN00438341 - No deficiencies related to the allegations are cited. Complaint IN00438170 - No deficiencies related to the allegations are cited. Complaint IN00438351 - No deficiencies related to the allegations are cited. Survey dates: November 6, and 7, 2024 Facility number: 013946 Residential Census: 60 Villas of Holly Brook Indiana, LLC, was found to be in compliance with 410 IAC 16.2-5	R 0000		

	in regard to the Investigation of Complaints IN00438567, IN00438341, IN00438170, and IN00438351. Quality review completed on November 21, 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