STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VALLEY GARDENS ASSISTED LIVING FACILITY	1151 S HUBERT CIRCLE WEST, MARTINSVILLE, , 46151

(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 Complaint IN00394837. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00394837 - Unsubstantiated due to lack of evidence. Survey date: November 29, 2022 Facility number: 014168 Residential Census: 46 Grand Valley Gardens Assisted Living Facility was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00394837 and the Residential COVID-19 Quality Assurance Walk Through. Quality review completed December 2, 2022.	R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE