

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                  |                                                      |  |                                              |  |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                            |                                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING |  | (X3) DATE SURVEY COMPLETED<br><br>11/29/2022 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>GRAND VALLEY GARDENS ASSISTED LIVING FACILITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1151 S HUBERT CIRCLE WEST, MARTINSVILLE, , 46151 |                                  |                                                      |  |                                              |  |
| (X4) ID PREFIX TAG<br>R 0000                                                      | SUMMARY STATEMENT OF DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID PREFIX TAG<br>R 0000                                                                       | PROVIDER'S PLAN OF CORRECTION... |                                                      |  | (X5) COMPLETION DATE                         |  |
|                                                                                   | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00394837. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00394837 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: November 29, 2022</p> <p>Facility number: 014168</p> <p>Residential Census: 46</p> <p>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.</p> <p>Quality review completed December 2, 2022.</p> |                                                                                               |                                  |                                                      |  |                                              |  |

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

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| LABORATORY DIRECTOR'S OR<br>PROVIDER/SUPPLIER REPRESENTATIVE'S<br>SIGNATURE | TITLE | (X6) DATE |
|-----------------------------------------------------------------------------|-------|-----------|