

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/07/2025	
NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF FISHERS		STREET ADDRESS, CITY, STATE, ZIP CODE 9796 EAST 131ST STREET, FISHERS, , 46038					
(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 IN00464482, IN00464599, and IN00464716. Intake IN00464482 - No deficiencies related to the allegations are cited. Intake IN00464599 - No deficiencies related to the allegations are cited. Intake IN00464716- No deficiencies related to the allegations are cited. Survey dates: October 6 and 7, 2025 Facility number: 014253 Residential Census: 36 Grand Brook Memory Care of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes IN00464482, IN00464599, and IN00464716.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	Quality review completed October 17, 2025.			
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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
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