STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND BROOK MEMORY CARE OF FISHERS	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 Complaints IN00449580, IN00451151, IN00451929, IN00452137, IN00452217, IN00452346, and IN00452415. Complaint IN00449580 - No deficiencies related to the allegations are cited. Complaint IN00451151 - No deficiencies related to the allegations are cited. Complaint IN00451929 - No deficiencies related to the allegations are cited. Complaint IN00452137 - No deficiencies related to the allegations are cited. Complaint IN00452217 - No deficiencies related to the allegations are cited. Complaint IN00452346 - No deficiencies related to the allegations are cited.	R 0000		

	Complaint IN00452415 - No deficiencies related to the allegations are cited. Survey dates: February 11 & 12, 2025 Facility number: 014253 Residential Census: 31 Grand Brook Memory Care of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00449580, IN00451151, IN00451929, IN00452137, IN00452217, IN00452346, and IN00452415. Quality review completed February 17, 2025.			

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