

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 09/30/2024	
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF PLAINFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 10480 GLASSWATER LANE, INDIANAPOLIS, , 46231					
(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 IN00443351, IN00442341, IN00440187, IN00440003, and IN00433421. Complaint IN00443351 - No deficiencies related to the allegations are cited Complaint IN00442341 - No deficiencies related to the allegations are cited Complaint IN00440187 - No deficiencies related to the allegations are cited Complaint IN00440003 - No deficiencies related to the allegations are cited Complaint IN00433421 - No deficiencies related to the allegations are cited Survey date: September 27, 29, and 30, 2024 Facility number: 014410	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Residential Census: 121 Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00443351, IN00442341, IN00440187, IN00440003, and IN00433421. Quality review completed on October 3, 2024.			
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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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