STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND BROOK MEMORY CARE OF GREENWOOD	2444 SOUTH STATE ROAD 135, GREENWOOD, , 46143

(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 IN00392764, IN00396022, and IN00398189. Complaint IN00392764 - Unsubstantiated due to lack of evidence. Complaint IN00396022 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00398189 - Unsubstantiated due to lack of evidence. Survey dates: January 4 and 5, 2023 Facility number: 014426 Residential Census: 30	R 0000		

	Grand Brook Memory Care of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00392764, IN00396022, and IN00398189. Quality review completed January 6, 2023.			

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