

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014410</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLASSWATER CREEK OF PLAINFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10480 GLASSWATER LANE</b> <b>INDIANAPOLIS, IN 46231</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00410864.</p> <p>Complaint IN00410864 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 20 and 21, 2023</p> <p>Facility number: 014410</p> <p>Residential Census: 126</p> <p>Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00410864.</p> <p>Quality review completed on June 26, 2023.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE