

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/30/2024
NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF ZIONSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 11870 SANDY DRIVE ZIONSVILLE, IN 46077		
(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00441934.</p> <p>Complaint IN00441934- No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 30, 2024</p> <p>Facility number: 014376</p> <p>Residential Census: 35</p> <p>Grand Brook Memory Care of Zionsville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00441934.</p> <p>Quality review completed on January 7, 2025</p>	R 000			

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE