

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011799</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENBRIAR VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8800 SPOON DR INDIANAPOLIS, IN 46219</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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00382184 and IN00383132 completed on July 2, 2022.</p> <p>Complaint IN00382184 - Corrected.</p> <p>Complaint IN00383132 - Corrected.</p> <p>Survey dates: August 22, 2022</p> <p>Facility number: 011799</p> <p>Residential Census: 95</p> <p>Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00382184 and IN00383132.</p> <p>Quality review completed on August 23, 2022</p>	{R 000}		

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

TITLE

(X6) DATE