

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2025
NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 8800 SPOON DR INDIANAPOLIS, IN 46219		
(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 a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00452888, IN00452820, and IN00452670.</p> <p>Complaint IN00452888 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00452820 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00452670 - No deficiencies related to the allegation(s) are cited.</p> <p>Survey Dates: February 18, 19, and 20, 2025</p> <p>Facility Number: 011799</p> <p>Residential Census: 98</p> <p>Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00452888, IN00452820, and IN00452670.</p> <p>Quality review completed on February 21, 2025.</p>	R 000		

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

TITLE

(X6) DATE