

Indiana State 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 05/23/2023
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 the Investigation of Complaints IN00406628, IN00408245 and IN00408248.</p> <p>Complaint IN00406628 -- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408245 -- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408248 -- No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 22 and 23, 2023</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 Investigation of Complaints IN00406628, IN00408245 and IN00408248.</p> <p>Quality review completed on May 24, 2023</p>	R 000		

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

TITLE

(X6) DATE