

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 07/27/2022 |
| NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF PLAINFIELD | | STREET ADDRESS, CITY, STATE, ZIP CODE 10480 GLASSWATER LANE PLAINFIELD, IN 46168 | | |
| (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 IN00385312 and IN00385552.</p> <p>Complaint IN00385312 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00385552 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 25, 26, and 27, 2022.</p> <p>Facility number: 014410</p> <p>Residential Census: 112</p> <p>Glasswater Creek of Plainfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00385312 and IN00385552.</p> <p>Quality review was completed on July 27, 2022.</p> | R 000 | | |

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

TITLE

(X6) DATE