

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014426	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/03/2023
NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF GREENWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 SOUTH STATE ROAD 135 GREENWOOD, IN 46143		
(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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00420012. Complaint IN00420012 - No deficiencies related to the allegations are cited. Survey date: November 3, 2023 Facility number: 014426 Residential Census: 21 Grand Brook Memory Care of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00420012. Quality review completed November 3, 2023.	R 000		

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

TITLE

(X6) DATE