

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 11/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE GRANGER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>430 CLEVELAND RD GRANGER, IN 46530</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 the Investigation of Complaints IN00418122 and IN00419591.</p> <p>Complaint IN00418122 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419591 - No deficiencies related to the allegations are cited.</p> <p>Survey date: November 3 &amp; 6, 2023</p> <p>Facility number: 002656</p> <p>Residential Census: 31</p> <p>Brookdale Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00418122 and IN00419591.</p> <p>Quality review completed 11/9/2023.</p>	R 000		

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

## TITLE

(X6) DATE