

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/28/2023	
NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 8800 SPOON DR INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE
R 0000 Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: August 28, 2023</p> <p>Facility: # 011799</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed August 28, 2023</p>			R 0000			
R 9999 Bldg. 00	<p>16.2-5-1.1 Licenses</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on July 31, 2023.</p> <p>The agency received the facility's renewal application and payment post marked August 7, 2023, which was not at least 45 days of the current license expiration date of July 31, 2023.</p>			R 9999	<p>This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Greenbriar Village as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding</p>		08/30/2023

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

TITLE

(X6) DATE

Dana Milner

ED

09/08/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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					<p>state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney or shareholder of the Community or affiliated companies.</p> <ul style="list-style-type: none">· What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;· How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;· What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;· How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?; and· By the date, the systemic		

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					<p>changes will be completed.</p> <p>R 9999</p> <p>1. The Community submitted its renewal application on or around August 7, 2023. The Community license is now current.</p> <p>2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice.</p> <p>3. The Executive Director was in-serviced on the timely filing of licensure renewals. In addition, the Community placed a calendar reminder on the Executive Directors and Business Office outlook calendars to ensure a renewal application is submitted to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>4. The Executive Director or Business Office will monitor the renewal application due date and ensure a renewal application is submitted to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>5. Systemic changes will be completed: August 30, 2023.</p>		