STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155834	A. BUILDING _____ B. WING _____	C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTER	**2002 WEST 86TH STREET INDIANAPOLIS, IN 46260**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00395650, IN00389354, IN00396438, and IN00390361. Complaint IN00395650 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00389354 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00396438 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00390361 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: December 12, 13 and 14, 2002 Facility number: 013738 Provider number: 155834 AIM number: 100272170 Census Bed Type: SNF/NF: 57 Total: 57 Census Payor Type: Medicare: 6 Medicaid: 45 Other: 6 Total: 57 Brickyard Healthcare-Willow Springs Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00395650, IN00389354, IN00396438 and IN00390361. Quality review was completed on December 27, 2022.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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