STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014168	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VALLEY GARDENS ASSISTED LIVING FACILI	1151 S HUBERT CIRCLE WEST MARTINSVILLE, IN 46151

(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 IN00394837. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00394837 - Unsubstantiated due to lack of evidence. Survey date: November 29, 2022 Facility number: 014168 Residential Census: 46 Grand Valley Gardens Assisted Living Facility was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00394837 and the Residential COVID-19 Quality Assurance Walk Through. Quality review completed December 2, 2022.	R 000		