

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/23/2022
NAME OF PROVIDER OR SUPPLIER BICKFORD OF GREENWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 3021 STELLA DRIVE 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}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00384922 completed July 13, 2022.</p> <p>Complaint IN00384922 - Corrected.</p> <p>Survey date: August 23, 2022</p> <p>Facility number: 012938</p> <p>Residential Census: 48</p> <p>Bickford of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00384922.</p> <p>Quality review completed August 25, 2022.</p>	{R 000}		

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

TITLE

(X6) DATE