

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/10/2023
NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 8800 SPOON DR INDIANAPOLIS, IN 46219		
(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 Complaint IN00409923 completed on 6/6/23. This visit was in conjunction with the Investigation of Complaints IN00412465 and IN00412598 completed on July 10, 2023.</p> <p>Complaint IN00409923 - Corrected.</p> <p>Complaint IN00412465 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00412598 - No deficiencies related to the allegation(s) are cited.</p> <p>Survey date: July 10, 2023</p> <p>Facility number: 011799</p> <p>Residential Census: 103</p> <p>Greenbriar Village was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to Investigation of Complaint IN00409923.</p> <p>Quality review completed on July 13, 2023</p>	{R 000}		

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

TITLE

(X6) DATE