STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155761	A. BUILDING _____ B. WING _____	R-C 11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNSBURG MEADOWS	**2 E TILDEN BROWNSBURG, IN 46112**

(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	{F 000}		

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00364490 and IN00364839 completed on October 15, 2021, which resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.

This visit was in conjunction with the Investigation of Complaint IN00367322.

Complaint IN00364490 - Corrected.

Complaint IN00364839 - Corrected.

Complaint IN00367322 - Substantiated. Federal deficiencies related to the allegations are cited at F656.

Survey dates: November 23 and 24, 2021

Facility number: 011367
Provider number: 155761
AIM number: 200851590

Census Bed Type:
SNF/NF: 95
Total: 95

Census Payor Type:
Medicare: 5
Medicaid: 74
Other: 16
Total: 95

Brownsburg Meadows was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the

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
	155761	A. BUILDING _____ B. WING _____	R-C 11/24/2021

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BROWNSBURG MEADOWS	**2 E TILDEN BROWNSBURG, IN 46112**

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{F 000}	Continued From page 1 Investigation of Complaints IN00364490 and IN00364839. Quality review completed on December 2, 2021.	{F 000}		