

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/18/2023
NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF FISHERS		STREET ADDRESS, CITY, STATE, ZIP CODE 9796 EAST 131ST STREET FISHERS, IN 46038		
(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 the Investigation of Complaint IN00403603.</p> <p>Complaint IN00403603- No deficiencies related to the allegations are cited.</p> <p>Survey date: April 18, 2023.</p> <p>Facility number: 014253</p> <p>Residential Census: 36</p> <p>Grand Brook Memory Care of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of IN00403603.</p> <p>Quality review completed April 24, 2023.</p>	R 000		

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

TITLE

(X6) DATE