STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155181	A. BUILDING _____ B. WING _____	C 04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMEL HEALTH & LIVING COMMUNITY	**118 MEDICAL DR CARMEL, IN 46032**

(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 This visit was for the Investigation of Complaints IN00257370, IN00257559 and IN00258558. Complaint IN00257370-Substantiated. No deficiencies related to the allegations were cited. Complaint IN00257559-Substantiated. No deficiencies related to the allegations were cited. Complaint IN00258558-Unsubstantiated due to lack of evidence. Survey dates: April 2 and 3, 2018 Facility number: 000095 Provider number: 155181 AIM number: 100290490 Census Bed Type: SNF: 2 SNF/NF: 125 Total: 127 Census Payor Type: Medicare: 4 Medicaid: 109 Other: 14 Total: 127 Carmel Health & Living Community was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00257370, IN257559 and IN00258558. Quality Review was completed on April 10, 2018.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE