STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CARMEL	301 EXECUTIVE DR, CARMEL, , 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) for the Investigation of Complaint IN00454251 completed on February 28, 2025. This visit was in conjunction with the PSR to the Investigation of Complaints IN00445842 and IN00450524 completed on January 16, 2025. This visit was also in conjunction with the Investigation of Complaints IN00456036 and IN00456196. Complaint IN00454251-corrected. Complaint IN00445842-corrected. Complaint IN00450524-corrected. Complaint IN00456036-No deficiencies related to the allegations are cited. Complaint IN00456196-No deficiencies related to the allegations are cited.	R 0000		

	Survey dates: May 12 and 13, 2025 Facility number: 010416 Residential: 48 Brookdale Carmel was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00454251. Quality review was completed on May 19, 2025.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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