

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/03/2024	
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARMEL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00431812. Complaint IN00431812 - No deficiencies related to the allegations are cited. Survey dates: May 2 and 3, 2024 Facility number: 010416 Residential Census: 49 Brookdale Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00431812. Quality review was completed on May 6, 2024.		R 0000				

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	TITLE	(X6) DATE
--------------------------	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		
---	--	--