

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 05/13/2025	
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 the Investigation of Complaints IN00456036 and IN00456196. This visit was in conjunction with the Post Survey Revisit (PSR) for the Investigation of Complaints IN00445842 and IN00450524 completed on January 16, 2025. This visit was also in conjunction with the PSR to the Investigation of Complaint IN00454251 completed on February 28, 2025. Complaint IN00456036-No deficiencies related to the allegations are cited. Complaint IN00456196-No deficiencies related to the allegations are cited. Complaint IN00445842-corrected. Complaint IN00450524-corrected. Complaint IN00454251-corrected.	R 0000					

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

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
Investigation of Complaints
IN00456036 and IN00456196.

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