

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 07/10/2026
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 Intake 470538. Intake 470538-State deficiencies related to the allegations are cited at R116. Survey dates: July 9 and 10, 2026 Facility number: 010416 Residential Census: 37 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on July 21, 2026.	R 0000	The following plan of correction for Brookdale Carmel regarding the statement of deficiencies dated July 9th and 10th, 2026. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the statement of deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.		
R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees.	R 0116	Executive Director, Brad Miller, re-educated the Business Office Manager (BOM) and Executive Director (ED) on all required items for personnel files. All residents have the potential	07/22/2026	

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FORM APPROVED

OMB NO. 0938-0391

Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.

Based on record review and interview, the facility failed to ensure reference checks were completed for 5 of 5 employees reviewed for employee references. (Staff Member 6, 7, 8, 9 and 10)

Findings include:

1. The employee record for Staff Member 6 was reviewed on 7/10/26 at 1:33 p.m. There were no employee reference checks for Staff Member 6 in the employee file.

2. The employee record for Staff Member 7 was reviewed on 7/10/26 at 1:45 p.m. There were no employee reference checks for Staff Member 7 in the employee file.

3. The employee record for Staff Member 8 was reviewed on 7/10/26 at 1:50 p.m. There were no employee reference checks for Staff Member 8 in the employee file.

4. The employee record for Staff Member 9 was reviewed on 7/10/26 at 1:58 p.m. There were no employee reference checks for Staff Member 9 in the

to be affected.

All reference checks were reviewed and updated as necessary by the BOM or designee by 7/25/2026. The BOM or designee will complete a minimum of two (2) reference checks for all new employees upon hire.

To assist with ongoing compliance, the BOM, ED, or designee will audit five (5) random new employee personnel files every two (2) weeks for one month. Thereafter, the ED or designee will audit three (3) random personnel files every two (2) weeks for one month.

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employee file.

5. The employee record for Staff Member 10 was reviewed on 7/10/26 at 2:03 p.m. There were no employee reference checks for Staff Member 10 in the employee file.

During an interview, on 7/10/26 at 2:31 p.m., the Business Office Manager indicated Staff Member 6, 7, 8, 9 and 10 did not have any employee reference checks completed.

During an interview, on 7/10/26 at 2:38 p.m., the Regional Administrative Specialist indicated Staff Member 6, 7, 8, 9 and 10 did not have any employee reference checks completed.

During an interview, on 7/10/26 at 2:40 p.m., the Executive Director (ED) indicated Staff Member 6, 7, 8, 9 and 10 should have had employee reference checks completed.

A current facility policy, titled "Reference Checks by State & Product line," dated as revised 3/2026 and provided by the ED on 7/10/26 at 3:50 p.m., indicated "...IN Yes reference checks...."

This citation relates to Intake 470538.

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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 SIGNATUREBradley Miller	TITLEExecutive Director	(X6) DATE08/01/2026
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