STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CARMEL	5829 EAST 116TH STREET, CARMEL, , 46033

(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) to the Investigation of Complaint IN00431347 completed on April 2, 2024. This visit was in conjunction with the PSR to the Investigation of Complaints IN00428410 and IN00428097 completed on February 19, 2024. This visit was in conjunction with a PSR to the PSR completed on February 19, 2024, to the Investigation of Complaint IN00419622 completed on October 30, 2023. This visit was in conjunction with the PSR to the Investigation of Compaint IN00429284 completed on March 12, 2024. Complaint IN00431347-corrected. Complaint IN00428410-corrected. Complaint IN00428097-corrected. Complaint	R 0000		

	IN00419622-corrected. Complaint IN00429284-corrected. Survey date: June 28, 2024 Facility number: 013217 Residential Census: 38 Bickford of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00431347. Quality review was completed on July 2, 2024.			

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