

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 06/28/2024	
NAME OF PROVIDER OR SUPPLIER BICKFORD OF CARMEL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (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 Complaints IN00428410 and IN00428097 completed on February 19, 2024. This visit was in conjunction with the PSR to the Investigation of Complaint IN00429284 completed on March 12, 2024. This visit was in conjunction with the PSR to the Investigation of Complaint IN00431347 completed on April 2, 2024. Complaint IN00419622-corrected. Complaint IN00428410-corrected. Complaint IN00428097-corrected. Complaint	R 0000					

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IN00429284-corrected.

Complaint

IN00431347-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 PSR to the Investigation of Complaint IN00419622.

Quality review was completed on July 2, 2024.

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Complaint

IN00419622-corrected.

Complaint

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CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

IN00428410-corrected.

Complaint
IN00428097-corrected.

Complaint
IN00429284-corrected.

Complaint
IN00431347-corrected.

Survey date: June 28, 2024

Facility number: 013217

Residential Census: 38

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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 SIGNATURE	TITLE	(X6) DATE
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