

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 07/16/2025	
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF CARMEL		STREET ADDRESS, CITY, STATE, ZIP CODE 689 PRO MED LANE, 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 Complaint IN00460086. Complaint IN00460086-No deficiencies related to the allegations are cited. Survey date: July 16, 2025 Facility number: 013510 Census Bed Type: Residential: 96 Total: 96 Census Payor Type: Private: 96 Total: 96 Woodland Terrace of 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 Complaint IN00460086. Quality review was completed	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	on July 18, 2025.			
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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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