STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155794	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02** B. WING _____	(X3) DATE SURVEY COMPLETED **R** **06/10/2024**

NAME OF PROVIDER OR SUPPLIER **RETREAT AT THE STRATFORD, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2460 GLEBE ST** **CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 06/10/24 Facility Number: 011151 Provider Number: 155794 AIM Number: NA At this PSR survey, The Retreat at the Stratford was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 18 certified beds. At the time of the survey, the census was 11. Quality Review completed on 06/12/24	{E 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 06/10/24 Facility Number: 011151 Provider Number: 155794 AIM Number: NA At this PSR survey, The Retreat at the Stratford was found in compliance with Requirements for	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155794	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02** B. WING _____	(X3) DATE SURVEY COMPLETED R **06/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RETREAT AT THE STRATFORD, THE	**2460 GLEBE ST** **CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	Continued From page 1 Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility located on the second floor of a three-story building was determined to be of Type II (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 18 and had a census of 11 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review completed on 06/12/24	{K 000}		