

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CARMEL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 EXECUTIVE DR CARMEL, IN 46032</b>		
(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) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) for the Investigation of Complaint IN00454251 completed on February 28, 2025. This visit was in conjunction with the PSR to the Investigation of Complaints IN00445842 and IN00450524 completed on January 16, 2025. This visit was also in conjunction with the Investigation of Complaints IN00456036 and IN00456196.</p> <p>Complaint IN00454251-corrected.</p> <p>Complaint IN00445842-corrected.</p> <p>Complaint IN00450524-corrected.</p> <p>Complaint IN00456036-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00456196-No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 12 and 13, 2025</p> <p>Facility number: 010416</p> <p>Residential: 48</p> <p>Brookdale Carmel was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00454251.</p> <p>Quality review was completed on May 19, 2025.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE