PRINTED: 05/12/2025 FORM APPROVED OMB NO. 0938-0391

1, 7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	JLTIPLE CONSTRUCTION DING 01, 02, 03, 04, 05, 06			(X3) DATE SURVEY COMPLETED	
		455040	B. WING			1	R	
NAME OF PI	ROVIDER OR SUPPLIER	155846	B. WING _		STREET ADDRESS, CITY, STATE, ZIP CODE	05	/07/2025	
RESTORA	CY OF CARMEL			6	616 GREEN HOUSE WAY			
				(CARMEL, IN 46032		T	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{E 000}	Initial Comments		{E 0)00}				
	Preparedness Survey 03/18/25 was conduction	it (PSR) to the Emergency conducted on 03/17/25 and ted by the Indiana in accordance with 42 CFR						
	Survey Date: 05/07/2	25						
	Facility Number: 013 Provider Number: 15 AIM Number: 201362	5846						
	found in compliance of Preparedness Requirements	Restoracy of Carmel was with Emergency rements for Medicare and g Providers and Suppliers,						
	The facility has 72 ce the survey, the censu	rtified beds. At the time of us was 71.						
{K 000}	Quality Review comp		{K 0)00}				
	Code Recertification conducted on 03/17/2	iana Department of Health in						
	Survey Date: 05/07/2	5						
	Facility Number: 013 Provider Number: 15 AIM Number: 201362	5846						
	At this PSR survey, F	Restoracy of Carmel was						
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE	

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		TIPLE CONSTRUCTION NG 01, 02, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED		
		155846	B. WING _				R 07/2025	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032			0112020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	Participation in Medic Subpart 483.90(a), Li 2012 edition of the Na Association (NFPA) 1 Chapter 19, Existing and 410 IAC 16.2. The facility consists of 06). Each building is determined to be of T was fully sprinklered. alarm system with sm corridors, areas open hard-wired smoke de rooms. The entire fact had a census of 71 at All areas where resid were sprinklered and services were sprinkleseparate detached ac Building 01 is identified cottage has a capacit 12 at the time of this services.	with Requirements for care/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies of six buildings (01 through a one-story cottage type V (111) construction and Each cottage has a fire noke detection in the to the corridors and tectors in the resident cility has a capacity of 72 and the time of this survey. The survey of the time of the corridory access all areas providing facility ered, with exception of a dministration building. The survey of 12 and had a census of survey.	{K 0	00}				
{K 000}	Code Recertification conducted on 03/17/2	it (PSR) to the Life Safety and State Licensure Survey 25 and 03/18/25 was iana Department of Health in CFR 483.90(a).	{K 0	00}				

PRINTED: 05/12/2025 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06			(X3) DATE SURVEY COMPLETED	
19		155846	B. WING			R 05/07/2025	
NAME OF PROVIDER O	R SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	05/	0772025
DE010D 4 0V 0E 04	DME				616 GREEN HOUSE WAY		
RESTORACY OF CA	ARMEL				CARMEL, IN 46032		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
Facility Provided AIM Number Provided AIM At this L. Carmel Require Medicar Life Safe National Life Safe Health (Compared to the Compared AII AIM AIM AIM AIM AIM AIM AIM AIM AIM	was found in ments for Par e/Medicaid, 4 ety from Fire a Fire Protection of Par e/Medicaid, 4 ety from Fire a fire Protection of	de survey, Restoracy of compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the con Association (NFPA) 101, C), Chapter 19, Existing acies and 410 IAC 16.2. If six buildings (01 through a one-story cottage ype V (111) construction and Each cottage has a fire tooke detection in the to the corridors and tectors in the resident illity has a capacity of 72 and the time of this survey. The six buildings (01 through a one-story cottage ype V (111) construction and Each cottage has a fire tooke detection in the to the corridors and tectors in the resident illity has a capacity of 72 and the time of this survey. The six buildings (11 through a fire took detection in the to the corridors and tectors in the resident illity has a capacity of 72 and the time of this survey.	{K 0				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06		(X3) DATE SURVEY COMPLETED		
		155846 B. WING		R 05/07/2025			
NAME OF D	20//050 00 01/00/150	100040	5		07DFFT ADDDF00 OITY 07ATF 7ID 00DF	05/	07/2025
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RESTORA	CY OF CARMEL				616 GREEN HOUSE WAY		
					CARMEL, IN 46032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	accordance with 42 Co Survey Date: 05/07/26 Facility Number: 0137 Provider Number: 155 AlM Number: 201362 At this Life Safety Coc Carmel was found in Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Health Care Occupant The facility consists of 06). Each building is a determined to be of T was fully sprinklered. alarm system with sm corridors, areas open hard-wired smoke det rooms. The entire fact had a census of 71 at All areas where reside were sprinklered and services were sprinkle separate detached ac Building 03 is identified	ana Department of Health in FR 483.90(a). 753 75846 150 de survey, Restoracy of compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing acies and 410 IAC 16.2. If six buildings (01 through a one-story cottage type V (111) construction and Each cottage has a fire tooke detection in the tothe corridors and tectors in the resident electors	{K C	0000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06		(X3) DATE SURVEY COMPLETED		
		155846	B. WING	B. WING		R 05/07/2025	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	0112020
RESTORACY OF CARMEL				616 GREEN HOUSE WAY CARMEL, IN 46032			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Code Recertification a conducted on 03/17/2 conducted by the India accordance with 42 C Survey Date: 05/07/2 Facility Number: 0137 Provider Number: 158 AIM Number: 201362 At this Life Safety Coc Carmel was found in Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Health Care Occupar The facility consists of 06). Each building is a determined to be of T was fully sprinklered. alarm system with sm corridors, areas open hard-wired smoke derooms. The entire fact had a census of 71 at All areas where reside were sprinklered and	it (PSR) to the Life Safety and State Licensure Survey 25 and 03/18/25 was iana Department of Health in CFR 483.90(a). 5 753 75846 2150 de survey, Restoracy of compliance with ticipation in 22 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing incies and 410 IAC 16.2. of six buildings (01 through a one-story cottage type V (111) construction and Each cottage has a fire noke detection in the into the corridors and tectors in the resident idlity has a capacity of 72 and it the time of this survey.	{K 0	-	,		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED
		155846	B. WING			R 05/07/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 616 GREEN HOUSE WAY CARMEL, IN 46032	CODE	1 03/07/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD B THE APPROPRIA	DATE
{K 000}	cottage has a capacit 12 at the time of this as a Memory Care bu	ed as Cottage #4. The by of 12 and had a census of survey. This Cottage serves uilding for this facility.	{K 0	00}		
{K 000}	Quality Review completed on 05/09/25 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/17/25 and 03/18/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/07/25 Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150 At this Life Safety Code survey, Restoracy of Carmel was found in compliance with Requirements for Participation in Medicare/Medicaid, 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. The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident		{K 0	00}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06		(X3) DATE SURVEY COMPLETED		
		155846	B. WING			R 05/07/2025	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL				6	STREET ADDRESS, CITY, STATE, ZIP CODE 316 GREEN HOUSE WAY CARMEL, IN 46032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page	÷ 6	{K 0	00}			
{K 000}	were sprinklered and services were sprinkle separate detached ac Building 05 is identifie	ed as Cottage #5. The y of 12 and had a census of survey.	{K 0	00}			
	Code Recertification a conducted on 03/17/2 conducted by the Indi accordance with 42 C	ana Department of Health in FR 483.90(a).					
	Survey Date: 05/07/2 Facility Number: 0137 Provider Number: 155 AIM Number: 201362	753 5846					
	Carmel was found in Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC)						
	06). Each building is a determined to be of T	f six buildings (01 through a one-story cottage ype V (111) construction and Each cottage has a fire					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06			(X3) DATE SURVEY COMPLETED	
		155846	B. WING		R		
NAME OF P	ROVIDER OR SUPPLIER	133040	D. Wille		STREET ADDRESS, CITY, STATE, ZIP CODE	05/	07/2025
					616 GREEN HOUSE WAY		
RESTORA	CY OF CARMEL			l	CARMEL, IN 46032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	All areas where reside were sprinklered and services were sprinkle separate detached actions. Building 06 is identified	to the corridors and tectors in the resident ility has a capacity of 72 and the time of this survey. The time of the	{K C	000			