STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001149	A. BUILDING: _____ B. WING _____	R-C 02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF CARMEL	12999 N PENNSYLVANIA 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) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00395453, IN00397504, IN00397569 completed on December 22, 2022. Complaint IN00395453 - Corrected. Complaint IN00397504 - Corrected. Complaint IN00397569 - Corrected. Survey dates: February 8 and 9, 2023 Facility number: 001149 Residential Census: 68 Majestic Care of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00395453, IN00397504, and IN00397569. Quality review was completed on February 10, 2023.	{R 000}		