PRINTED: 12/21/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 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	100040	B. Wille		STREET ADDRESS, CITY, STATE, ZIP CODE	12	/16/2021
GREEN H	OUSE COTTAGES OF CA	ARMEL		1	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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0	000	}		
	Preparedness Survey	it (PSR) to the Emergency that exited on 10/20/21 was tana Department of Health in CFR 483.73					
	Survey Date: 12/16/2	21					
	Facility Number: 013 Provider Number: 15 AIM Number: 201362	5846					
	Carmel was found in Preparedness Requir	Green House Cottages of compliance with Emergency ements for Medicare and g Providers and Suppliers,					
	The facility has 72 ce the survey, the censu	rtified beds. At the time of s was 54.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	000	}		
	Code Recertification at that exited on 10/20/2	it (PSR) to the Life Safety and State Licensure Survey 21 was conducted by the of Health in accordance with					
	Survey Date: 12/16/21						
	Facility Number: 013 Provider Number: 15 AIM Number: 201362	5846					
	At this PSR survey, G Carmel was found in	Green House Cottages of compliance with					

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

TITLE (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.

Facility ID: 013753

REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (K 000) Continued From page 1 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 rooms. The entire facility has a capacity of 72 and had a census of 54 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G 01, 02, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED	
RAME OF PROVIDER OR SUPPLIER GREEN HOUSE COTTAGES OF CARMEL (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X6) Continued From page 1 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 detection in the resident rooms. The entire facility has a capacity of 72 and had a census of 54 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a			155846	B. WING	WING			
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separate detached administration building. Building 01 is identified as Cottage #2. The cottage has a capacity of 12 and had a census of 10 at the time of this survey. Quality Review completed on 12/20/21 [K 000] INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 10/20/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).		Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSG Health Care Occupant The facility consists on 06). Each building is a determined to be of Twas fully sprinklered. alarm system with sm corridors, areas open hard-wired smoke detrooms. The entire fact had a census of 54 at All areas where reside were sprinklered and services were sprinkles separate detached ac Building 01 is identified cottage has a capacit 10 at the time of this separate detached ac Quality Review compilation of the code Recertification of the code Recertification at that exited on 10/20/2 Indiana Department of 42 CFR 483.70(a).	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 acies detection in the to the corridors and tectors in the resident ility has a capacity of 72 and at the time of this survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey. The survey of 12 and had a census of survey of 14 and had a census of survey. The survey of 15 and had a census of survey of 16 and had a census of survey. The survey of 16 and had a census of survey of 17 and had a census of survey of 18 and had a census of survey of 19 and ha					
Survey Date: 12/16/21 Facility Number: 013753		•						

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NAME OF P	ROVIDER OR SUPPLIER	155846	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	12/16/2021	
GREEN H	GREEN HOUSE COTTAGES OF CARMEL			616 GREEN HOUSE WAY CARMEL, IN 46032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
{K 000}	Provider Number: 15 AIM Number: 201362 At this PSR survey, G Carmel was found in Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSG 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 detrooms. The entire fact had a census of 54 at All areas where reside were sprinklered and services were sprinkles separate detached act and Building 02 is identified cottage has a capacit 11 at the time of this services.	freen House Cottages 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 cies and 410 IAC 16.2. If six buildings (01 through a one-story cottage ype V (111) construction and Each cottage has a fire oke detection in the to the corridors and tectors in the resident lility has a capacity of 72 and the time of this survey. In the interval of the contage with exception of a diministration building. In the interval of the contage serves outliding for this facility.	{K 00			
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		155846	B. WING _			12/	16/2021		
	NAME OF PROVIDER OR SUPPLIER GREEN HOUSE COTTAGES OF CARMEL			616 GREEN	DRESS, CITY, STATE, ZIP CODE N HOUSE WAY 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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
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	NAME OF PROVIDER OR SUPPLIER GREEN HOUSE COTTAGES OF CARMEL			616 GI	T ADDRESS, CITY, STATE, ZIP CODE REEN HOUSE WAY MEL, IN 46032	1 12/	10/2021
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		155846	B. WING _			12/	16/2021
NAME OF PROVIDER OR SUPPLIER GREEN HOUSE COTTAGES OF CARMEL		ARMEL		61	TREET ADDRESS, CITY, STATE, ZIP CODE 16 GREEN HOUSE WAY ARMEL, 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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
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