

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WELLBROOKE OF CARMEL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>12315 PENNSYLVANIA STREET</b> <b>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 Investigation of Complaint IN00386181.</p> <p>Complaint IN00386181 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: July 28, 2022</p> <p>Facility number: 013444</p> <p>Residential Census: 35</p> <p>Wellbrooke of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00386181.</p> <p>Quality review was completed on August 1, 2022.</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE