| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155794 | A. BUILDING **02**<br>B. WING _____ | R<br>**07/17/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RETREAT AT THE STRATFORD, THE** | **2460 GLEBE ST**<br>**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) COMPLETION DATE |
|---|---|---|---|---|
| {E 000} | Initial Comments<br><br>Paper compliance to the Post Suvey Revisit (PSR) that exited on 06/29/23 for the Emergency Preparedness Survey that exited on 04/04/23 was completed on 07/17/23.<br><br>Review Date: 07/17/23<br><br>Facility Number: 011151<br>Provider Number: 155794<br>AIM Number: NA<br><br>The Retreat at the Stratford was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.73, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. | {E 000} | | |
| {K 000} | INITIAL COMMENTS<br><br>Paper compliance to the Post Survey Revisit (PSR) that exited on 06/29/23 for the Life Safety Code Recertification and State Licensure Survey that exited on 04/04/23 was completed on 07/17/23.<br><br>Review Date: 07/17/23<br><br>Facility Number: 011151<br>Provider Number: 155794<br>AIM Number: NA<br><br>The Retreat at the Stratford 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 | {K 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155794 | A. BUILDING **02**<br>B. WING _____ | R<br>**07/17/2023** |

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| **RETREAT AT THE STRATFORD, THE** | **2460 GLEBE ST**<br>**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) COMPLETION DATE |
|---|---|---|---|---|
| {K 000} | Continued From page 1<br>Health Care Occupancies and 410 IAC 16.2. | {K 000} | | |