

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2024
NAME OF PROVIDER OR SUPPLIER BICKFORD OF CARMEL		STREET ADDRESS, CITY, STATE, ZIP CODE 5829 EAST 116TH STREET CARMEL, IN 46033		
(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 the Post Survey Revisit (PSR) to the Investigation of Complaints IN00428410 and IN00428097 completed on February 19, 2024. This visit was in conjunction to the PSR to the PSR completed on February 19, 2024, to the Investigation of Complaint IN00419622 completed on October 30, 2023. This visit was in conjunction with the PSR to the Investigation of Complaint IN00429284 completed on March 12, 2024. This visit was in conjunction with the PSR to the Investigation of Complaint IN00431347 completed on April 2, 2024. Complaint IN00428410-corrected. Complaint IN00428097-corrected. Complaint IN00419622-corrected. Complaint IN00429284-corrected. Complaint IN00431347-corrected. Survey dates: June 28, 2024 Facility number: 013217 Residential Census: 38 Bickford of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00428410 and IN00428097. Quality review was completed on July 2, 2024.	{R 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE