

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2024
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000 Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: January 23, 2024</p> <p>Facility: # 013753 Provider: #155846 AIM: # 201362150</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed January 23, 2024</p>	F 0000	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>	
F 9999 Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their</p>	F 9999	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: The facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on December 31, 2023.</p>	02/09/2024

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

TITLE

(X6) DATE

Bryan Lindsay

Director of Operations

02/09/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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.

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	<p>current license expired on December 31, 2023.</p> <p>The state agency received the facility's renewal application and payment post marked January 8, 2024, which was not at least 45 days of the current license expiration date of December 31, 2023.</p>		<p>Corrective Action for resident(s) found to have deficient: Facility license application was filed on January 8th, 2024 and the payment has been cashed and license issued for The Restoracy of Carmel.</p> <p>Identify other residents having the same potential deficient: No other licenses are out of their compliance window.</p> <p>Measures put into place or systemic changes:</p> <p>The Executive Director and Director of Nursing were educated that they must submit their annual license application within 45 days of the due date of 12/31 of that year. A reminder to their operations calendar has been sent and received.</p> <p>Plan to monitor performance to maintain compliance: The CEO or designee will audit all communities of the Restoracy for timely license filing and if any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 2/9/24</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-039

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