PRINTED: 04/25/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06			(X3) DATE SURVEY COMPLETED	
						R	
		155846	B. WING	_		04/	22/2024
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RESTORA	CY OF CARMEL				616 GREEN HOUSE WAY		
KEOTOR	OT OF GARMEE				CARMEL, 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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0	000	)}		
	Preparedness Survey conducted by the Ind accordance with 42 C Survey Dates: 04/22 Facility Number: 013 Provider Number: 15 AIM Number: 201362 At this PSR Emergen Restoracy of Carmel	/24 753 55846 2150 cy Preparedness survey, was found in compliance					
{K 000}	Medicare and Medica and Suppliers, 42 CF The facility has 72 ce the survey, the censure Quality Review compounts of the Survey revisit Code Recertification at that exited on 03/08/2 Indiana Department of 42 CFR 483.90(a).  Survey Dates: 04/22 Facility Number: 013 Provider Number: 15 AIM Number: 201363	rtified beds. At the time of its was 71.  leted on 04/24/24  (PSR) to the Life Safety and State Licensure Survey 24 was conducted by the of Health in accordance with 1/24  1/753 1/5846 1/50  ty Code survey, Restoracy	{K C	000	}		

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.

		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b>		(X3) DATE SURVEY COMPLETED	
	155846	B. WING		R <b>04/22/2024</b>	
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032	04/22/2024	
FIX (EACH DEFICIE	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 APPROPRIA DEFICIENCY)	DATE	
Medicare/Medicaid Life Safety from Fir National Fire Protect Life Safety Code (L Health Care Occup  The facility consists 06). Each building is determined to be or was fully sprinklere alarm system with a corridors, areas op hard-wired smoke or rooms. The entire of had a census of 71  All areas where res were sprinklered ar services were sprin separate detached  Building 01 is ident cottage has a capa 12 at the time of thi  Quality Review con INITIAL COMMENT  A Post Survey revi Code Recertificatio that exited on 03/08 Indiana Departmen 42 CFR 483.90(a).  Survey Dates: 04/2	ements for Participation in re/Medicaid, 42 CFR Subpart 483.90(a), fety from Fire and the 2012 edition of the al Fire Protection Association (NFPA) 101, fety Code (LSC), Chapter 19, Existing Care Occupancies and 410 IAC 16.2.  fility consists of six buildings (01 through ch building is a one-story cottage med to be of Type V (111) construction and by sprinklered. Each cottage has a fire yetem with smoke detection in the res, areas open to the corridors and red smoke detectors in the resident. The entire facility has a capacity of 72 and ensus of 71 at the time of this survey.  It is where residents have customary access or inklered and all areas providing facility is were sprinklered, with exception of a red detached administration building.  If 01 is identified as Cottage #2. The has a capacity of 12 and had a census of the time of this survey.  Review completed on 04/24/24  COMMENTS  Survey revisit (PSR) to the Life Safety decertification and State Licensure Survey ted on 03/08/24 was conducted by the Department of Health in accordance with a 483.90(a).  Dates: 04/22/24	{K 000			
Continued From particles Regulatory of Requirements for Form Medicare/Medicaid Life Safety from Fire National Fire Protectife Safety Code (Life Safety Code (Life Safety Code) Health Care Occup The facility consists 06). Each building in determined to be or was fully sprinklere alarm system with a corridors, areas ophard-wired smoke or rooms. The entire of that a census of 71 All areas where ressure sprinklered are services were sprinklered are services	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  The provided of the second of the sec	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)  O)	=	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b>		(X3) DATE SURVEY COMPLETED		
		155846	B. WING		R <b>04/22/2024</b>		
NAME OF D	ROVIDER OR SUPPLIER	100040		I	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	22/2024
NAME OF F	NOVIDER OR SUFFLIER				, , ,		
RESTORACY OF CARMEL				616 GREEN HOUSE WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	of Carmel was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic 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 71 at All areas where reside were sprinklered and	ty Code survey, Restoracy in compliance with 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 ype V (111) construction and Each cottage has a fire to the corridors and tectors in the resident illity has a capacity of 72 and the time of this survey.	{K C	000			
	cottage has a capacit 11 at the time of this s as the Memory Care	ed as Cottage #3. The y of 12 and had a census of survey. This Cottage serves building for this facility.					
{K 000}	Quality Review compl INITIAL COMMENTS		{K 0	000	}		
	Code Recertification a	(PSR) to the Life Safety and State Licensure Survey 4 was conducted by the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUNG <b>01, 02, 03, (</b>		(X3) DATE SURVEY COMPLETED		
		155846	B. WING				⋜ 22/2024
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF CARMEL					DRESS, CITY, STATE, ZIP CODE N HOUSE WAY IN 46032	1 04/	22/2024
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Indiana Department of 42 CFR 483.90(a).  Survey Dates: 04/22  Facility Number: 013  Provider Number: 15  AIM Number: 20136  At this PSR Life Safe of Carmel was found Requirements for Part Medicare/Medicaid, 4  Life Safety from Fire National Fire Protecti Life Safety Code (LS Health Care Occupant The facility consists of 06). Each building is determined to be of Twas fully sprinklered. alarm system with sincorridors, areas open hard-wired smoke derooms. The entire fact had a census of 71 at All areas where resid were sprinklered and services were sprinklered and Building 03 is identified.	of Health in accordance with  //24  753  75846  2150  ty Code survey, Restoracy in compliance with rticipation in 12 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing ncies and 410 IAC 16.2.  of six buildings (01 through a one-story cottage Type V (111) construction and Each cottage has a fire noke detection in the noke	{K 0	00}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b>		(X3) DATE SURVEY COMPLETED		
		155846	B. WING		R <b>04/22/2024</b>		
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF CARMEL			6	TREET ADDRESS, CITY, STATE, ZIP CODE  16 GREEN HOUSE WAY  CARMEL, IN 46032	0-477		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Code Recertification at that exited on 03/08/2 Indiana Department of 42 CFR 483.90(a).  Survey Dates: 04/22/2 Facility Number: 013 Provider Number: 15 AIM Number: 201362 At this PSR Life Safet of Carmel was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC 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 definorms. The entire fact had a census of 71 at All areas where reside were sprinklered and	(PSR) to the Life Safety and State Licensure Survey 4 was conducted by the f Health in accordance with 224 753 5846 2150 22 CFR Subpart 483.90(a), and the 2012 edition of the con 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 to the corridors and tectors in the resident lility has a capacity of 72 and the time of this survey.	{к 0	-			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b>			(X3) DATE COMP	SURVEY
						R	
		155846	B. WING		<del></del>	04/	22/2024
RESTORACY OF CARMEL				61	REET ADDRESS, CITY, STATE, ZIP CODE 6 GREEN HOUSE WAY ARMEL, IN 46032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	cottage has a capacit 12 at the time of this s as a Memory Care bu	ed as Cottage #4. The y of 12 and had a census of survey. This Cottage serves uilding for this facility.	{K 0	00}			
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}			
	Code Recertification a that exited on 03/08/2	(PSR) to the Life Safety and State Licensure Survey 24 was conducted by the of Health in accordance with					
	Survey Dates: 04/22/	/24					
	Facility Number: 013 Provider Number: 15 AIM Number: 201362	5846					
	of Carmel was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC	•					
	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 fac	ype V (111) construction and Each cottage has a fire noke detection in the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b>			(X3) DATE SURVEY COMPLETED		
		155846	B. WING				⋜ <b>22/2024</b>
	ROVIDER OR SUPPLIER		•	6	STREET ADDRESS, CITY, STATE, ZIP CODE 316 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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page	÷ 6	{K 0	)00}			
	were sprinklered and	ents have customary access all areas providing facility ered, with exception of a Iministration building.					
		ed as Cottage #5. The y of 12 and had a census of survey.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	)00}			
	Code Recertification a that exited on 03/08/2	(PSR) to the Life Safety and State Licensure Survey 4 was conducted by the of Health in accordance with					
	Survey Dates: 04/22	/24					
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	of Carmel was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC	•					
	06). Each building is a determined to be of T	f six buildings (01 through a one-story cottage ype V (111) construction and Each cottage has a fire					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG <b>01, 02, 03, 04, 05, 06</b>	(×	(X3) DATE SURVEY COMPLETED		
		155846	B. WING			R <b>04/22/2024</b>	
	NAME OF PROVIDER OR SUPPLIER  RESTORACY OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP ( 616 GREEN HOUSE WAY CARMEL, IN 46032	CODE	04/22/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{K 000}	alarm system with sn corridors, areas oper hard-wired smoke de rooms. The entire fact had a census of 71 at All areas where resid were sprinklered and services were sprinkl separate detached at Building 06 is identification.	noke detection in the note the corridors and etectors in the resident cility has a capacity of 72 and note that the time of this survey.  Idents have customary access all all areas providing facility dered, with exception of a dministration building.  Led as Cottage #6. The ty of 12 and had a census of survey.	{K 0	000}			