

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013719	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2023
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NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
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(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00409654.</p> <p>Complaint IN00409654 - No deficiencies related to the allegations are cited.</p> <p>Survey date: May 31, 2023</p> <p>Facility number: 013719</p> <p>Residential Census: 57</p> <p>Rose Senior Living Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00409654.</p> <p>Quality review was completed on June 5, 2023.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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