

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2025
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NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 13390 N ILLINOIS STREET 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 IN00461993.</p> <p>Complaint IN00461993 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 8, 2025</p> <p>Facility number: 013297</p> <p>Residential Census: 70</p> <p>Independence Village of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00461993.</p> <p>Quality review was completed on July 11, 2025.</p>	R 000		

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