

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2023
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA ST 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 Complaints IN00409830, IN00412246, IN00412377.</p> <p>Complaint IN00409830 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412246 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412377 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 13, 2023</p> <p>Facility number: 001149</p> <p>Residential Census: 81</p> <p>Majestic Care of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00409830, IN00412246, IN00412377.</p> <p>Quality review was completed on July 18, 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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