

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
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NAME OF PROVIDER OR SUPPLIER MEADOW LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158
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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 Post Survey Revisit (PSR) to the Investigation of Complaint IN00210248 completed on September 20, 2016.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00211078 completed on September 29, 2016.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00208494 completed on August 31, 2016.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00206060 completed on August 23, 2016.</p> <p>Complaint IN00210248 - Corrected.</p> <p>Complaint IN00211078 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00208494 - Corrected.</p> <p>Complaint IN00206060 - Corrected</p> <p>Survey date: September 29, 2016</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census bed type: SNF/NF: 118 Residential: 50 Total: 168</p> <p>Census payor type: Medicare: 18 Medicaid: 91 Other: 9 Total: 118</p>	{R 000}		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{R 000}	<p>Continued From page 1</p> <p>Sample: 03</p> <p>Meadow Lakes was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00210248.</p> <p>Q.R. completed by 14466 on September 30, 2016.</p>	{R 000}		