

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2016
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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038
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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 IN00188945.</p> <p>Complaint IN00188945 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: March 7, 2016</p> <p>Facility number: 013163 Provider number: 013163 AIM number: N/A</p> <p>Census bed type Residential:62 Total: 62</p> <p>Sample: 04</p> <p>Meadow Brook Senior Living was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00188945.</p> <p>QR was completed by 99993 on 03/08/16.</p>	R 000		

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