

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155751	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/31/2014
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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) COMPLETION DATE
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00161386.</p> <p>Complaint IN00161386 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 29, 30, &amp; 31, 2014</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Survey team: Susan Worsham, RN- TC Cheryl Mabry, RN Brooke Harrison, RN</p> <p>Census bed type: SNF: 21 SNF/NF:107 Residential:43 Total: 171</p> <p>Census payor type: Medicare: 29 Medicaid: 73 Other: 69 Total: 128</p>	F 000	<p><b>Please review the plan of correction submitted to establish substantial compliance has been met and maintained as of January 21, 2015, for the survey ending on December 31, 2014. Meadow Lakes is requesting face to face IDR as the facility disagrees with the findings including scope and severity of the citation. Thank you, in advance, for your attention to this very serious matter.</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 04</p> <p>Meadow Lakes was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to investigation of complaint IN00161386.</p> <p>Quality review completed on January 09, 2014; by Kimberly Perigo, RN.</p>				