

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE, FISHERS, , 46038			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00437607 completed on July 8, 2024. This visit was in conjunction with the Investigation of Complaint IN00440983. Complaint IN00437607 - Corrected. Survey date: September 9 and 10, 2024 Facility number: 013163 Residential Census: 88 Meadow Brook Senior Living was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the Investigation of Complaint IN00437607. Quality review completed on September 11, 2024. This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint	R 0000			

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FORM APPROVED

OMB NO. 0938-0391

IN00437607 completed on July 8, 2024. This visit was in conjunction with the Investigation of Complaint IN00440983.

Complaint IN00437607 - Corrected.

Survey date: September 9 and 10, 2024

Facility number: 013163

Residential Census: 88

Meadow Brook Senior Living was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the Investigation of Complaint IN00437607.

Quality review completed on September 11, 2024.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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