STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW BROOK SENIOR LIVING	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 Investigation of Intakes 468845, 469336 and 469637. Intake 468845 -- No deficiencies related to the allegations are cited. Intake 469336 -- No deficiencies related to the allegations are cited. Intake 469637 -- No deficiencies related to the allegations are cited. Unrelated deficiency cited, Survey date: May 15, 2026 Facility number: 013163 Residential Census: 85 This State Residential Finding is cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on	R 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review.	

	May 22, 2026.			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility failed to ensure a resident at risk for elopment with short and long term memory loss received supervision to prevent the resident from exiting the facility unsupervised and left the facility premises for 1 of 3 residents reviewed for elopement. (Resident E) Findings include: A facility reported incident was sent to the Indiana Department of Health's Long Term Care Division on 5-11-26, for Resident E. The report indicated on 5-9-26 at 2:30 p.m., Resident E "left the community property in w/c [wheelchair]; stated she	R 0052	What corrective actions will be accomplished for those residents found to have been affected by the finding: UA was completed on resident with a negative result. Private duty was added to resident care. Resident is on monitoring. Residents service plan was updated to reflect the change in condition and risk. POA involved throughout the process. How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: Residents that are independently mobile have a potential to be affected by the same findings. Assisted Living and Memory Care residents elopement risk assessments will be reviewed and updated as indicated. Elopement binder will be updated as indicated via the new assessments.	06/14/2026

	was going [to] the post office to mail her letters with 2 letters in hand; resident crossed the street when brought back by staff." Resident E's service plan was updated to reflect some confusion and a change in her safety awareness. The clinical record of Resident E was reviewed on 5-15-26 at 3:27 p.m. The resident's diagnosis included, but was not limited to chronic kidney disease, stage 4 (end-stage renal disease). A change in condition assessment and evaluation, dated 5-7-26, indicated the resident had short-term memory, long-term memory, and attention span as "poor." An elopement (leaving a designated or supervised area without authorization, potentially placing a person at risk for injury) risk assessment tool on 10-17-23, 8-16-24 and on 5-9-26, indicated the resident was at risk of elopement, but did not have a need for a secured care unit. In an interview with the ED on 5-15-26 at 3:55 p.m., the ED indicated Resident E was sitting outside on the porch area with several other residents, as she likes to spend time outside and has never attempted to leave the facility property. "At some point, she took off in her wheelchair and was planning on		What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Staff education on elopement policy. Regional Nurse will review updated elopement risk assessments with Wellness Director and provide any additional training identified. How the corrective action(s) will be monitored to ensure the finding will not recur: Elopement binder will be audited against elopement risk assessments to assure it's thorough and accurate. Each admission, change in condition, and scheduled re-evaluation will be audited to assure elopement risk assessment is completed timely and accurately. These audits will each be completed weekly x 4 weeks, every 2 weeks x 8 weeks and monthly x 4 months. Audits will be reviewed in QA monthly. By what date the systemic changes will be completed: 6/14/2026	

	going to the post office to mail some letters. One of the staff...was leaving her shift for the day and saw her and was able to re-direct her back onto the [campus] property...The staff member was able to get her back onto the property without any problems. When we spoke with the POA [power-of-attorney], they requested that she spend time during the day on the memory care unit to allow for closer supervision. Her more difficult times seem to be during the day shift hours. So we did that for a while..." During review of the exterior cameras at the facility they were able to identify Resident E had been seated with other residents on the front porch area and she left the area and was able to be off of the facility property for approximately 10 minutes before a staff member, who was leaving for the day, observed her and then approached the resident and was able to return her to the facility. A review of Resident E's investigation of the elopement by the facility indicated on 5-9-26 at 2:00 p.m., the resident was found across the street trying to mail letters at the post office. A staff member returned the resident to the facility lobby. On 5-15-26 at 4:22 p.m., the ED			

	provided a copy of a policy entitled, "Elopement/Missing Resident," with a revision date of 6-6-2024. This policy indicated its purpose as, "to maintain the safety of all residents by ensuring the following: Determine residents at risk for elopement of the facility upon admission evaluation, change in condition evaluation, and scheduled re-evaluations...Record all pertinent information in the incident report. Fully describe the sequence of events, including specific timed notations. When the resident is found, notify the search team, Executive Director, Wellness Director, Area Vice President, responsible party or P.O.A., attending physician, police, and Department of Health."			

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 SIGNATURETara Schwab	TITLEHFA/ED/AVPO	(X6) DATE06/01/2026