

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 10/29/2024	
NAME OF PROVIDER OR SUPPLIER LAKE MEADOWS SENIOR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 11570 E 126TH STREET, FISHERS, , 46037					
(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 with a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00440485 completed on August 21, 2024. This visit was in conjunction with the Investigation of Complaint IN00445508. Complaint IN00440485 - Corrected. Survey dates: October 29, 2024 Facility number: 014910 Residential Census: 105 Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Investigation of Complaint IN00440485. Quality review completed on October 30, 2024. This visit was for with a Post	R 0000					

Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00440485 completed on August 21, 2024. This visit was in conjunction with the Investigation of Complaint IN00445508.

Complaint IN00440485 - Corrected.

Survey dates: October 29, 2024

Facility number: 014910

Residential Census: 105

Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Investigation of Complaint IN00440485.

Quality review completed on October 30, 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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