

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 09/10/2026
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 the Investigations of Intakes 471724 and 471628. Intake 471724 - No deficiencies related to the allegations are cited. Intake 471628 - No deficiencies related to the allegations are cited. Survey date: September 9, 10, 2026 Facility number: 014910 Residential Census: 92 Lake Meadows was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regards to the Investigation of Intakes 471724 and 471628. Quality review completed 9/14/26.	R 0000			

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FORM APPROVED

OMB NO. 0938-0391

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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