

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 06/13/2025	
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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00449071 and IN00458721 completed on May 7, 2025. Complaint IN00449071 - Corrected. Complaint IN00458721 - Corrected. Survey dates: June 13, 2025 Facility number: 014910 Residential Census: 109 Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00449071 and IN00458721. Quality review completed on June 16, 2025. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00449071 and	R 0000					

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FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

IN00458721 completed on May 7, 2025.

Complaint IN00449071 - Corrected.

Complaint IN00458721 - Corrected.

Survey dates: June 13, 2025

Facility number: 014910

Residential Census: 109

Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00449071 and IN00458721.

Quality review completed on June 16, 2025.

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