

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014910 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 10/29/2024 |
| NAME OF PROVIDER OR SUPPLIER LAKE MEADOWS SENIOR ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 11570 E 126TH STREET FISHERS, IN 46037 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| {R 000} | <p>INITIAL COMMENTS</p> <p>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.</p> <p>Complaint IN00440485 - Corrected.</p> <p>Survey dates: October 29, 2024</p> <p>Facility number: 014910</p> <p>Residential Census: 105</p> <p>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.</p> <p>Quality review completed on October 30, 2024.</p> | {R 000} | | |

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE