

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/10/2024
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038		
(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 the Post Survey Revisit (PSR) to the Investigation of Complaint IN00437607 completed on July 8, 2024. This visit was in conjunction with the Investigation of Complaint IN00440983.</p> <p>Complaint IN00437607 - Corrected.</p> <p>Survey date: September 9 and 10, 2024</p> <p>Facility number: 013163</p> <p>Residential Census: 88</p> <p>Meadow Brook Senior Living was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the Investigation of Complaint IN00437607.</p> <p>Quality review completed on September 11, 2024.</p>	{R 000}		

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

TITLE

(X6) DATE