Indiana State Department of Health

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED
	014910	B. WING		C 08/03/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
LAKE MEADOWS SENIOR ASSISTED LIVING 11570 E 126TH STREET FISHERS, IN 46037				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
R 000 INITIAL COMMENTS		R 000		
This visit was for the Investigation of Complaint IN00414339.				
Complaint IN00414339 - No deficiencies related to the allegations are cited.				
Survey date: August 3, 2023				
Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00414339.				
Quality review completed on August 3, 2023				
	ROVIDER OR SUPPLIER ADOWS SENIOR ASSIST SUMMARY STI (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS This visit was for the IN00414339. Complaint IN0041433 to the allegations are Survey date: August 3 Facility number: 0149 Residential Census: 4 Lake Meadows Senior to be in compliance we to the Investigation of	O14910 ROVIDER OR SUPPLIER ADOWS SENIOR ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00414339. Complaint IN00414339 - No deficiencies related to the allegations are cited. Survey date: August 3, 2023 Facility number: 014910 Residential Census: 114 Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00414339.	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA ADOWS SENIOR ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00414339. Complaint IN00414339 - No deficiencies related to the allegations are cited. Survey date: August 3, 2023 Facility number: 014910 Residential Census: 114 Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00414339.	TOTAL PROPERTY OF CORRECTION NUMBER: O14910 B. WING B. WING B. WING B. WING B. WING D1570 E 126TH STREET FISHERS, IN 46037 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for the Investigation of Complaint IN00414339. Complaint IN00414339 - No deficiencies related to the allegations are cited. Survey date: August 3, 2023 Facility number: 014910 Residential Census: 114 Lake Meadows Senior Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00414339.

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

(X6) DATE TITLE