

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004831</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOW LAKES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MEADOW LAKE DR</b> <b>MOORESVILLE, IN 46158</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00420702, IN00420927, and IN00422962.</p> <p>Complaint IN00420702 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420927 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00422962 - No deficiencies related to the allegations are cited.</p> <p>Survey date: December 11, 2023</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census Bed Type: SNF/NF: 101 SNF: 7 Residential: 40 Total: 148</p> <p>Census Payor Type: Medicare: 11 Medicaid: 74 Other: 23 Total: 108</p> <p>Meadow Lakes was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00420702, IN00420927, and IN00422962.</p> <p>Quality review completed December 11, 2023.</p>	R 000		

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

TITLE

(X6) DATE