STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155751	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Lakes	200 Meadow Lake Dr Mooresville, IN 46158

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 36912 Based on interview and record review, the facility failed to ensure a resident received adequate assistance to prevent a fall for 1 of 3 residents reviewed for accidents. (CNA in Training 1, Resident C) Finding includes: During an interview on 12/11/24 at 11:30 a.m., Resident E indicated on 11/28/24 at approximately 10:30 a.m. , she observed a new CNA in Training (CNA in Training 1) attempting to transfer her roommate, Resident C, from her wheelchair to her bed. Resident E told CNA in Training 1 Resident C required 2 staff to transfer her. CNA in Training 1 told her she could transfer Resident C by herself. CNA in Training 1 attempted to move Resident C from Resident C's wheelchair but was unable to support her, and they both slid to the floor. CNA in Training 1 left the room and brought other staff to the room to help lift Resident C to her bed. She had not seen CNA in Training 1 since the incident. On 12/11/24 at 11:55 a.m., Resident E's clinical record was reviewed. The Admission Minimum Data Set (MDS) assessment, dated 10/13/24, indicated the Resident E had no cognitive impairment. During an interview on 12/12/24 at 9:45 a.m., Resident C indicated on 11/28/24 at approximately 10:30 a.m., CNA in Training 1 attempted to transfer her from her wheelchair to her bed with no other staff helping. CNA in Training 1 could not support Resident C and they both slid to the floor. Resident C indicated she was supposed be assisted by two staff members due to having little to no use of her left side extremities. Resident C indicated she was not injured during the incident. She had not seen CNA in training 1 since the incident. On 12/12/24 at 10:05 a.m., Resident C's clinical record was reviewed. The diagnoses included, but were not limited to, cerebral infarction and hemiparesis. The Quarterly MDS assessment, dated 11/18/24, indicated Resident C had no cognitive impairment, had impaired upper and lower extremities on one side, and required extensive assistance of two people for support and transfers from one surface to another. A Fall Event Record, dated 11/28/24 at 10:38 a.m., indicated prior to the fall the resident was in her wheelchair, and following the fall the resident was on the floor by the bed. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155751	A. Building B. Wing	12/12/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Fall Care Plan intervention, with a start date of 11/5/21, indicated the resident required two staff for transfers. During an interview on 12/12/24 at 10:45 a.m., LPN 1 indicated on 11/28/24 at approximately 10:30 a.m., CNA in Training 1 reported to LPN 1 that Resident C had been lowered to the floor after CNA in Training 1 attempted to transfer her from her wheelchair to her bed. Resident C was only to be transferred with assistance of two staff due to impairment to her left extremities as well as a contracture of the left arm. This citation relates to Complaint IN00448649. 3.1-45(a)(2)