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	06/29/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure education in-services were completed for nursing staff for specific treatment care needs for 1 of 5 residents reviewed. (Resident B)Finding includes:The clinical record for Resident B was reviewed on 6/29/26 at 9:50 a.m. The diagnoses included, but were not limited to, quadriplegia (a form of paralysis affecting all four limbs and the torso) and central cord syndrome at C4 (cervical vertebrae 4) of the cervical spinal cord. A Physician's Order, with a start date of 4/15/26 indicated, Transanal Irrigation [a water-based bowel management tool for bowel dysfunction] Special Instructions: Instill between 500 mL [milliliters] and 1000 mL of lukewarm water per irrigation session, titrating the volume to res [resident] tolerance and clinical response. Inflate balloon catheter with 1-2 pumps of air for retention. Do Not exceed 4 pumps per session. Document irrigation volume, frequency, balloon inflation amount, and any complications and indicated it was to be done once daily. During an interview on 6/29/26 at 12:39 p.m., the Assistant Director of Nursing Services (ADNS), indicated that all staff members on the rehabilitation short stay hallway when Resident B admitted received in person education related to the physician's order for transanal irrigation. The ADNS further indicated all staff who would potentially be caring for the resident when Resident B moved to the long-term care section of the facility had all received in-person education and the same step-by-step instructions on paper and a video link. A binder at the nursing station with information regarding the usage of resident's specific transanal irrigation device had also been available upon admission and moved to the long-term nursing station when resident moved. The ADNS indicated documentation of these in-services could not be located.During an interview on 6/29/26 at 2:00 p.m., the Executive Director (ED) indicated the in-services for Resident B's transanal irrigation device could not be located. During an interview on 6/29/26 at 3:00 p.m., the ED indicated the facility did not have a specific policy regarding in-services. The ED indicated regular in-services were scheduled, and that in the instance of a specific care need such as Resident B's device, in-services would be given as determined by the facility assessment tool or new admission needs for an uncommon and specific type of medical device or treatment.This citation relates to Intake 3047767.

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