

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Meadow Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Meadow Lake Dr Mooreville, 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure a self-medication administration assessment was completed for 1 of 1 random observations of medications left at the bedside. (Resident 71)</p> <p>Findings include:</p> <p>On 3/11/25 at 10:30 a.m., a medication cup with 1 large white tablet was observed on the bedside table of Resident 71. Resident 71 indicated it was her stomach medication and the nurses always left it for her to take after she had finished her meal.</p> <p>Resident 71's clinical record was reviewed on 3/11/25 at 11:30 a.m. The diagnosis included, but was not limited to, gastroesophageal reflux disease. The clinical record lacked documentation of a self-medication administration assessment.</p> <p>Current physician orders, dated 3/1/25 through 3/17/25, indicated Resident 71's medications included, but were not limited to, simethicone (for gas) tablet 125 milligrams 4 times a day.</p> <p>During an interview on 3/17/25 at 10:25 a.m., the Director of Nursing Services (DNS) indicated there had not been a self-medication administration assessment completed for Resident 71, however, the medication was just a gas pill and the resident would get sick if she took it before her meal so they let her keep it with her until after she ate.</p> <p>On 3/18/25 at 10:43 a.m., the DNS provided the facility's policy, Medication Administration-Medication Pass Procedure with a revised date of 7/2023, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . 11. Observed taking medications-not left at bedside .</p> <p>3.1-11(a)</p>		

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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set assessment for a resident determined to have a Level II PASARR and a serious mental illness for 1 of 1 resident reviewed for Resident Assessment. (Resident 62)</p> <p>Findings include:</p> <p>Resident 62's clinical record was reviewed on 3/18/25 at 11:00 a.m. The diagnoses included, but were not limited to, anxiety, psychotic disorder with delusions and anorexia nervosa.</p> <p>A Level II PASARR (Preadmission Screening and Resident Review) was completed in January 2023, and indicated the resident had a serious mental illness.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 2/23/25, indicated No to Resident 62 having a Level II PASARR and no to the resident having a serious mental illness.</p> <p>During an interview on 3/18/25 at 10:35 a.m., the Social Services Assistant indicated the Significant Change MDS assessment, dated 2/23/25, for Resident 62 should have been coded Yes to having a Level II PASARR and Yes to the resident having a serious mental illness.</p> <p>On 3/18/25 at 1:20 p.m., the facility provided a copy of the RAI Version 3.0 Manual, page 5, dated October 2023, and indicated it was the policy currently being used by the facility. A review of the RAI manual did not indicate coding of the Level II PASARR.</p> <p>3.1-31(d)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>36912</p> <p>Based on observation and interview, the facility failed to ensure staff revised the comprehensive care plan for a resident with significant weight loss for 1 of 4 residents reviewed for nutrition. (Resident 47)</p> <p>Findings include:</p> <p>On 3/11/25 from 9:20 a.m. to 9:45 a.m., Resident 47 was observed in bed with breakfast on her tray and no food eaten. No staff were present with the resident.</p> <p>On 3/14/25 from 9:25 a.m. to 9:50 a.m., Resident 47 was observed in bed with breakfast on her tray and no food eaten. No staff were present with the resident.</p> <p>On 3/11/25 at 10:10 a.m. Resident 47's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia, adult failure to thrive, and unspecified protein-calorie malnutrition.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 3/10/25, indicated the resident had a five percent or more weight loss in the last month or weight loss of ten percent or more in the last 6 months.</p> <p>The Functional Assessment, dated 3/10/25, indicated the resident required supervision or touching assistance for eating.</p> <p>The Follow Up Nutrition Review, dated 3/11/25, indicated the resident had a five percent or more weight loss in the last month or weight loss of ten percent or more in the last six months, was not on a physician prescribed weight loss program, and the care plan had been reviewed and updated.</p> <p>A Nutrition Care Plan, reviewed on 3/11/25, indicated no nutritional care plan interventions since 8/1/23.</p> <ul style="list-style-type: none"> - On 9/4/24, the resident weighed 154 lbs (pounds) - On 10/3/24, the resident weighed 146 lbs, which was a 5.19 percent weight loss in one month. - On 10/9/24, the resident weighed 152 lbs - On 11/4/24, the resident weighed 144 lbs, which was a 5.26 percent weight loss in one month. - On 3/3/25, the resident weighed 123 lbs, which was a 20.13 percent weight loss in six months. <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/14/25 at 2:25 p.m., the DON provided the Resident Weight Monitoring policy with a revised date of, 9/2024, and indicated this was the current weight monitoring policy used by the facility. A review of the policy indicated, .any significant unexplained weight loss is considered a change in condition and must be addressed by the Interdisciplinary Team .</p> <p>During an interview on 3/17/25 at 10:30 a.m., the DON indicated the resident had significant weight loss and new interventions had not been updated on the nutrition care plan.</p> <p>3.1-35(d)(2)(B)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36912</p> <p>Based on observation, interview, and record review, the facility failed to provide ADL's (Activities of Daily Living) for a dependent resident for 1 of 1 residents reviewed for ADL's. A resident was not shaved. (Resident 48)</p> <p>Findings include:</p> <p>On 3/11/25 at 10:19 a.m., Resident 48 was observed in her room with approximately half inch long whiskers on her chin.</p> <p>On 3/13/25 at 2:50 p.m., Resident 48 was observed in her room with approximately half inch long whiskers on her chin. At that time, Resident 48 wept and indicated having chin whiskers made her sad. She indicated staff used to shave her whiskers and she wished they did this more often, as it made her feel bad to have them on her chin.</p> <p>During an interview on 3/14/25 at 11:40 a.m., RN 1 indicated the resident needed her chin whiskers shaved.</p> <p>On 3/11/25 at 10:10 a.m., Resident 47's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia, adult failure to thrive, and unspecified protein-calorie malnutrition.</p> <p>The Functional Assessment, dated 3/10/25, indicated the resident required substantial or maximal assistance to maintain personal hygiene, including shaving.</p> <p>A current Activity of Daily Living care plan, with a start date of 7/28/23 indicated the resident was to receive assistance with grooming and hygiene.</p> <p>3.1-38(a)(3)(D)</p>		