

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 05/27/2026
NAME OF PROVIDER OR SUPPLIER Meadow Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to ensure the MDS (Minimum Data Set) assessment accurately reflected a resident's status for 1 of 5 residents reviewed for unnecessary medications. (Resident 8) Findings include: On 5/21/26 at 2:31 p.m., Resident 8's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's disease (a disorder of the nervous system that affects movement and gets worse over time), psychotic disorder (severe mental disorders that cause abnormal thinking and perceptions), and dementia (loss of memory, language, problem-solving and other thinking abilities). A Review of the notice of PASARR (Preadmission Screening and Resident Review), dated 2/2/22, indicated, .Level I Outcome: Dementia/MI Exclusion. Rationale: A PASRR Level II evaluation is not required at this time. The Annual MDS assessment, dated 7/1/25, indicated the resident had a current PASARR Level II. During an interview with the Social Services Director on 5/26/26 at 11:29 a.m., she indicated the resident did not have a PASARR Level II. During an interview with the MDS assistant on 5/26/26 at 11:30 a.m., she indicated section A1500 on the Annual MDS assessment, dated 7/1/25, was marked yes in error and indicated it should have been marked no for PASARR Level II. She indicated they followed the Resident Assessment Instrument (RAI) manual for coding the MDS assessment. During an interview with the Administrator on 5/27/26 at 11:08 a.m., he indicated the facility did not have an MDS policy, he stated they follow the RAI manual for coding the MDS assessment. On 5/27/26 at 11:10 a.m., a review of the RAI, Version 3.0 User's Manual, 10/2025, for section A1500 of MDS, . Review the Level I PASRR form to determine whether a Level II PASRR was required. Code 0, no: if any of the following apply: PASRR Level I screening did not result in a referral for Level II screening. 410 IAC (Indiana Administrative Code) 16.2-3.1-31(d)		

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