

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2026
NAME OF PROVIDER OR SUPPLIER  Prairie Lakes Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  9730 Prairie Lakes Blvd East Noblesville, IN 46060	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report an allegation of resident abuse to the State Agency (Indiana Department of Health) in a timely manner for 1 of 3 residents reviewed for abuse. (Resident B) Findings include: Resident B's clinical record was reviewed on 1/28/26 at 2:47 p.m. Diagnoses included encephalopathy, acute respiratory failure with hypoxia, chronic bronchitis, spondylolisthesis, polyneuropathy, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and altered mental status. During an interview on 1/28/26 at 3:44 p.m., Resident B indicated, on 1/23/26 after dinner, Laundry Aide/Housekeeper 1 groped her breast and kissed her on the side of her head. The resident indicated she reported the incident to the Dining Assistant. During an interview on 1/29/26 at 2:00 p.m., the Dining Assistant indicated he had been Housekeeper 1's support for several months. Housekeeper 1 required support and direction. On 1/23/26, after lunch, the Dining Assistant and Housekeeper 2 cleaned the dining room. Housekeeper 1 was working behind him and they heard Resident B say 'no'. It was not a scream nor was it loud. The resident didn't sound distressed; it was just a 'no'. Housekeeper 1 asked the resident if she was okay and she said 'yes'. She didn't look upset or anything. The resident left the dining room. Before dinner, the resident came back to the dining room and the Dining Assistant asked the resident if she was okay and she said yes, then she said Housekeeper 1 had hugged her, that's why she said no. That is all the resident said. The Dining Assistant called the Social Service Director to check on the resident. During an interview on 1/28/26 at 2:30 p.m., the DON indicated she was approached by a (then unknown to her) family member who asked for a grievance form. The DON gave the family member a grievance form and asked if there was anything she could help her with. The family member said no. The DON asked if their concern was related to nursing and the family member said no. The DON then asked the family member if they wanted to talk to the Administrator and the family member declined. The facility never did receive a grievance form from the family member. Later, the DON found out the family member was Resident B's family. During an interview on 1/28/26 at 2:30 p.m., the Administrator indicated the facility had not been aware of an abuse allegation until the local police called the facility on 1/27/26 at 3:30 p.m. The facility failed to report the allegation to the State Agency until 8:14 p.m. that day (1/27/26). A current policy, dated 8/29/2019, titled Abuse and Neglect Procedural Guidelines was provided by the Administrator on 1/28/26 at 2:33 p.m. The policy indicated the following: . Reporting/response .ii. Ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protection services where the state law provides for jurisdiction in long-term</p> <p>(continued on next page)</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2026
NAME OF PROVIDER OR SUPPLIER  Prairie Lakes Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  9730 Prairie Lakes Blvd East Noblesville, IN 46060	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	care facilities) in accordance with State law through established procedures.This citation relates to Intake 2727978.3.1-28(c)		