STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155779	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Lakes Health Campus	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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. A. Based on interview and record review the facility failed to allow the residents to manage the process of resident council regarding the meeting time and Resident Council Secretary for for 4 of 4 residents interviewed in a group setting and an interview with the Resident Council President, who was not available during the resident group interview.B. Based on interview and record review, the facility failed to resolve resident council grievances and concerns for 4 of 4 residents interviewed in a group setting and an interview with the Resident Council President, who was not available during the resident group interview. Findings include:A. During a resident group interview on 09/26/2025 11:00 a.m. with residents who attend Resident Council, the following concerns regarding the residents' rights to manage their council were expressed:The facility changed the time of the Resident Council meeting and residents were not allowed to voice their preferences. The residents preferred afternoon Resident Council meetings. They did not get to vote. They were told by the facility that the meeting time was changing.The residents were not in charge of Resident Council anymore. The Activity Director was now the person in charge.The resident who was chosen by the resident group to be Resident Council Secretary, was not allowed to take minutes anymore. The facility had to take notes on a computer. The residents were not allowed to take additional notes on paper. During an interview on 9/26/2025 at 2:39 p.m., the Resident Council President, who had been unable to attend the group interview, indicated the Resident Council meeting time was changed without resident input. Because the facility had to take Council Minutes in the computer, a resident could no longer be the secretary. The residents were not given a choice in this matter.Resident Council minutes for January 2025 through September 2025 were reviewed. The nine months of minutes lacked documentation of the residents voting for or discussing meeting times or a discussion or election regarding the Resident Council Secretary. Activity Calendars for April, May, June, July, and August 2025 indicated the Resident Council meeting was held in the afternoon. The Activity Calendar for September 2025 indicated the Resident Council meeting had been moved to 11:00 a.m.During an interview on 9/26/2025 at 2:18 p.m., the Activity Director indicated the facility had changed the time of the Resident Council meeting to follow the Chef's Circle meeting in hopes of increasing attendance. Additionally, there had been a time conflict because both the Assisted Living Resident Council and Health Care Resident Council wanted to have their meetings at the same time. The time change had not been voted on or discussed with the Resident Council itself. The facility had to record Resident Council minutes on the computer now, therefore she now entered the minutes into the computer. The residents had not been offered an opportunity to discuss this change or voted on the matter. No action had been taken to allow the secretary to retain any of her previous role. B. During a resident group interview on 09/26/2025 11:00 a.m. with residents who attend Resident Council, the following concerns regarding efforts to resolve resident council grievances and concerns were expressed:The facility did not come back with information about how they would resolve Resident Council's grievances and concerns.Examples of concerns which had not been addressed were passing water, changing bed sheets, and long call light waits. These concerns were repeated over and over.Minutes from the last council were not available for review.Minutes from the last meeting were not always read.When minutes were read, they did not always include all that had been discussed.During an (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

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview on 9/26/2025 at 2:39 p.m., the Resident Council President, who had been unable to attend the group interview, indicated the facility had not always provided responses or solutions to Resident Council concerns. An example was passing drinking water.Review of Resident Council Minutes for January 2025 through September 2025 contained the following repeated concerns:9/2/25:Old Business: Staff on cell phones or with ear buds in resident care areas. Concerns regarding long call light waits.New Business: Concerns have escalated regarding staff on cell phones or with ear buds.8/14/25:Old Business: No notes.New Business: Knocking on doors, food temperatures, invitation to activities, access to money on weekends.7/10/25:Old Business: More electronic doors.New Business: Water bottles, bedding not being changed and deep cleaning questions.6/16/25:Old Business: The word Yes.New Business: Call light response times.5/15/25Old Business: Water being passed.New Business: Water being passed in a timely manner, Deep cleaning.4/3/25Old Business: Yes, No information listed.New Business: Water not being passed timely, deep cleaning, Residents feel that old business isn't getting addressed.3/13/25Old Business: Long responses to call lights, staff talking on phones, deep cleaning, ice water not being passed timely.New Business: Ice water not being passed timely, staff on phones, deep cleaning.2/16/25-No meeting1/15/25Old Business: None listedNew Business: Meeting time changed to 1:30 p.m., Ice water machine would be nice.Responses regarding resolutions were not included with Resident Council minutes.During an interview on 9/29/2025 at 9:43 a.m., the Activity Director indicated she reviewed old business each meeting. She did not read the facility's response to each concern. She did not understand what the facility would need to do reviews or audits of such things as if sheets had been changed regularly if the department head stated there was a system for changing them. A current, 6/8/24, facility policy title, Resident Council, which was provided by Administrator in 9/26/25 at 10:00 a.m., indicated: This policy aims to support residents in organizing and participating in groups at Campus for self-determination.Resident Council: A resident-led group organized to promote self-determination and to address resident concerns and suggestions.Responses regarding resolutions will be documented, reviewed by the Executive Director, and kept with Resident Council minutes. 3.1- 3(i)3.1-3(h)

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to post accurate staffing information. This deficient practice has the potential to impact 61 of 61 residents. Findings include:Nurse Staffing Posting for 9/23/25, 9/24/25 and 9/25/25 had an incorrect resident census listed as 51. The Facility Census Form provided following the entrance conference on 9/23/25 indicated the facility's health care census was 61. Nurse Staffing Posted for 9/23/25, 9/24/25. 9/25/25, 9/26/25 and 9/29/25 had incorrect staffing information posted as follows:9/23/25: 2:00 p.m. to 10: p.m.- 4 nursing staff were posted for the health care, 3 CNAs and 1 RN,9/24/25: 2:00 p.m. to 10: p.m.- 4 nursing staff were posted for the health care, 3 CNAs and 1 LPN,9/25/25: 2:00 p.m. to 10: p.m.- 4 nursing staff were posted for the health care, 3 CNAs and 1 LPN,9/26/25: 2:00 p.m. to 10: p.m.- 3 nursing staff were posted for the health care, 3 CNAs, 9/29/25: 2:00 p.m. to 10: p.m.- 2 nursing staff were posted for the health care, 1 CNAs and 1 LPN, During an interview on 9/29/2025 at 10:43 a.m., the Scheduler indicated the staffing forms were not reflecting 12 hour shifts or double shifts. A current, 12/17/24, facility policy titled, Guidelines for Staff Posting, which was provided by the DON on 9/30/25 at 9:03 a.m., indicated:At the beginning of the day the number and amount of licensed nurses (RN and LPN) and the number of unlicensed nursing personnel, per shift, who provide direct care to residents will be posted.