

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2025
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060
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R 0000 Bldg. 00	<p>This visit was for the Investigations of Complaints IN00459472 and IN00458770.</p> <p>Complaint IN00459472 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458770 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: May 20 and 21, 2025</p> <p>Facility number: 012305</p> <p>Residential Census: 60</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 22, 2025.</p>	R 0000	<p>The submission of this plan of correction does not indicate an admission by Prairie Lakes Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, and living environment provided to the residents of Prairie Lakes Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>	
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure service plans were completed and signed by the resident or resident representatives on admission for 3 of 5 residents reviewed for service plans. (Resident D, E, and B)</p>	R 0217	<p>1.Residents B, D and E were affected. Service plans were completed and reviewed and signed by the responsible party..</p> <p>2.All residents have the potential</p>	06/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Holly Snyder	Executive Director	05/30/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>Finding includes:</p> <p>1. Resident D's clinical record was reviewed on 5/20/25 at 11:30 a.m. Diagnoses included dementia, congestive heart failure, and hypertension. The admission date was 3/28/25.</p> <p>A 3/28/25, "Admission AL/Legacy Eval and Service Plan" was blank and lacked a resident or resident representative signature.</p> <p>2. Resident E's clinical record was reviewed on 5/20/25 12:40 p.m. Diagnoses included asthma, hypertension, and hyperlipidemia. The admission date was 3/31/25.</p> <p>A 4/29/25, "Admission AL/Legacy Eval and Service Plan" was completed and signed by the resident representative on 5/20/25.</p> <p>3. Resident B's clinical record was reviewed on 5/20/25 at 1:15 p.m. Diagnoses included dementia, history of cerebrovascular accident, and orthostatic hypotension. The admission date was 1/13/25.</p> <p>The clinical record lacked an admission service plan.</p> <p>During an interview on 5/21/25 at 12:35 p.m., the Assistant Director of Nursing (ADON) indicated service plans were completed on admission, every six months, and with a change in condition. The service plans were to be reviewed with the residents and/or resident representatives. The service plans needed to be signed or if verbal consent was given, this was documented in the clinical record. The ADON indicated the service plans for Residents D, E, and B were not</p>		<p>to be affected. A house wide audit was conducted to ensure that all residents have had completed service plans per policy. Education was provided to the Legacy Director and the Director of Assisted Living on Evaluation and Service Plan Guidelines.</p> <p>3.As a measure of ongoing compliance, all new admissions and re-admissions will be audited to ensure that service plans are completed and signed by responsible parties. Audits to occur to ensure that semi annual service plans are completed per policy. Audits will be conducted on 5 residents weekly x 4 weeks, then every other week x 8 weeks then monthly x 3 months.</p> <p>4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-039

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	<p>completed per the facility policy.</p> <p>A current facility policy, revised 12/11/17, titled, "AL- Evaluation and Service Plan Guidelines", provided by the Administrator on 5/21/25 at 11:58 a.m., indicated the following: " The purpose of this policy is to: To provide documentation of nursing and ancillary care needs to develop a service plan. To determine acuity level based on the amount of assistance provided with both activities of daily living (ADL) and nursing care... 1. Upon admission, semi-annually, and with significant change in health status or functioning, the licensed nurse shall evaluate the resident's physical, mental, psychosocial functioning and care needs...2. A service plan shall be identified and implemented in response to the resident's evaluation and in collaboration with the resident and/or responsible party..."</p>			