STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF MUNCIE	2410 E MCGALLIARD RD, MUNCIE, , 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00403654, IN00403464, IN00403136, IN00402751, and IN00402051. Complaint IN00403654 - No deficiencies related to the allegations are cited. Complaint IN00403464 - No deficiencies related to the allegations are cited. Complaint IN00403136 - No deficiencies related to the allegations are cited. Complaint IN00402751 - No deficiencies related to the allegations are cited. Complaint IN00402051 - No deficiencies related to the allegations are cited. Survey dates: March 14 and 15, 2023 Facility number: 004428	R 0000		

	Residential Census: 50 Lynd Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00403654, IN00403464, IN00403136, IN00402751, and IN00402051. Quality review completed March 20, 2023.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE