STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF MARION, LLC	2452 W KEM RD, MARION, , 46952

(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 IN00435076, IN00436740 and IN00437021. Complaint IN00435076 - No deficiencies related to the allegations are cited. Complaint IN00436740 - No deficiencies related to the allegations are cited. Complaint IN00437021 - No deficiencies related to the allegations are cited. Survey date: July 10 and 11, 2024. Facility number: 010682 Residential Census: 78 Wyndmoor of Marion, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00435076, IN00436740 and IN00437021.	R 0000		

	Quality review completed July 15, 2024.			

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