

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/22/2024
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF MARION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2452 W KEM RD MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00431961 and IN00432847.</p> <p>Complaint IN00431961 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00432847- No deficiencies related to the allegations are cited.</p> <p>Survey date: April 22, 2024</p> <p>Facility number: 010682</p> <p>Residential Census: 74</p> <p>Wyndmoor of Marion, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00431961 and IN00432847.</p> <p>Quality review completed April 24, 2024.</p>	R 000			

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE