

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 02/28/2025
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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00453069. Complaint IN00453069 - No deficiencies related to the allegations are cited. Survey date: February 28, 2025 Facility number: 010682 Residential Census: 76 Wyndmoor of Marion, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00453069. Quality review completed March 5, 2025.	R 000		

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

TITLE

(X6) DATE