STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004428	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYND PLACE	2410 E MCGALLIARD RD MUNCIE, IN 47303

(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 Complaints IN00414199 and IN00412543. Complaint IN00414199- No deficiencies related to the allegations are cited. Complaint IN00412543- No deficiencies related to the allegations are cited. Survey date: 8/7/23- 8/8/23 Facility number: 004428 Residential Census: 48 Lynd Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00414199 and IN00412543. Quality review completed August 10, 2023.	R 000		