

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYND PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2410 E MCGALLIARD RD</b> <b>MUNCIE, IN 47303</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00403654, IN00403464, IN00403136, IN00402751, and IN00402051.</p> <p>Complaint IN00403654 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403464 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403136 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402751 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402051 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 14 and 15, 2023</p> <p>Facility number: 004428</p> <p>Residential Census: 50</p> <p>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.</p> <p>Quality review completed March 20, 2023.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE