STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024

NAME OF PROVIDER OR SUPPLIER **WESTMINSTER VILLAGE MUNCIE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5801 W BETHEL AVE** **MUNCIE, IN 47304**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00448553. Complaint IN00448553 - No deficiencies related to the allegations are cited. Survey dates: December 16 & 17, 2024 Facility number: 000086 Provider number: 155170 AIM number: 30067850 Census Bed Type: SNF/NF: 55 Residential: 199 Total: 254 Census Payor Type: Medicare: 15 Medicaid: 5 Other: 35 Total: 55 Westminster Village Muncie Inc. was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00448553. Quality review completed December 23, 2024.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE