

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 E MCGALLIARD RD MUNCIE, IN 47303
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(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 IN00423397, IN00421156, and IN00420368.</p> <p>Complaint IN00423397 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421156 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420368 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 27 and 28, 2023</p> <p>Facility number: 004428</p> <p>Residential Census: 46</p> <p>Cedar Creek of Muncie was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00423397, IN00421156, and IN00420368.</p> <p>Quality review completed January 4, 2024.</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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