

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014463	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/28/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 N MORRISON ROAD MUNCIE, IN 47304
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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 Complaint IN00383680.</p> <p>Complaint IN00383680- Substantiated. No deficiencies related to the allegation is cited.</p> <p>Survey date: July 28, 2022</p> <p>Facility number: 014463</p> <p>Residential Census: 27</p> <p>Lincolnshire Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00383680.</p> <p>Quality review completed on August 1, 2022.</p>	R 000		

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