

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010886	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2025
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NAME OF PROVIDER OR SUPPLIER MUNCIE ESTATES SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 N MORRISON RD 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 Complaints IN00462816 and IN00460716.</p> <p>Complaint IN00462816 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00460716 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 14, 2025</p> <p>Facility number: 010886</p> <p>Residential Census: 59</p> <p>Muncie Estates Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00462816 and IN00460716.</p> <p>Quality review completed July 18, 2025.</p>	R 000		

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