

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/22/2023	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD, FORT WAYNE, , 46802					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00400134 and Complaint IN00400249. Complaint IN00400134 and Complaint IN00400249 - Unsubstantiated due to lack of evidence Survey dates: February 21, and 22, 2023. Facility number: 012288 Residential Census: 74 Noble Senior Living of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00400134 and Complaint IN00400249. Quality review completed February 23, 2023	R 0000					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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