STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND MARQUIS, THE	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 Complaints IN00455712, IN00457492, IN00457568, IN00457708, and IN00457745. Complaint IN00455712 - No deficiencies related to the allegations are cited. Complaint IN00457492 - No deficiencies related to the allegations are cited. Complaint IN00457568 - No deficiencies related to the allegations are cited. Complaint IN00457708 - No deficiencies related to the allegations are cited. Complaint IN00457745 - No deficiencies related to the allegations are cited. Survey dates: April 21 and 22, 2025 Facility number: 012288	R 0000		

	Residential Census: 93 The Grand Marquis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00455712, IN00457492, IN00457568, IN00457708, and IN00457745. Quality review completed on April 22, 2025.			

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.)

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