STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/17/2022

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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00392342 and IN00392528 completed on October 18, 2022. This survey was in conjuction with a PSR to Investigation of Complaint IN00389752 completed on September 29, 2022. Complaint IN00392342 - Corrected Complaint IN00392528 - Correcrted Survey date: November 17, 2022 Facility number: 012288 Residential Census: 81 Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00392342 and IN00392528.	R 0000		

Quality review completed November 18, 2022

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00392342 and IN00392528 completed on October 18, 2022. This survey was in conjuction with a PSR to Investigation of Complaint IN00389752 completed on September 29, 2022.

Complaint IN00392342 - Corrected

Complaint IN00392528 - Correcrted

Survey date: November 17, 2022

Facility number: 012288

Residential Census: 81

Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00392342 and IN00392528.

Quality review completed November 18, 2022

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