STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGETOWN PLACE	1717 MAPLECREST ROAD, FORT WAYNE, , 46815

(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 IN00459051, IN00460135 and IN00460890. Complaint IN00459051- No deficiencies related to the allegations are cited. Complaint IN00460135 - No deficiencies related to the allegations are cited. Complaint IN00460890- No deficiencies related to the allegations are cited. Survey date: June 6, 2025 Facility number: 013463 Residential Census: 134 Georgetown Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00459051, IN00460135 and IN00460890. Quality review completed on	R 0000		

	June 9, 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