

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 07/11/2024	
NAME OF PROVIDER OR SUPPLIER EVERGREEN VILLAGE AT FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 12523 AUBURN ROAD, FORT WAYNE, , 46845					
(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 IN00437527. Complaint IN00437527 - No deficiencies related to the allegations are cited. Survey date: July 11, 2024 Facility number: 014512 Residential Census: 120 Evergreen Village At Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00437527. Quality review completed July 12, 2024		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.)							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	