STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN INDEPENDENT & ASSISTED LIVING COMMUNITY	5202 ST JOE ROAD, FORT WAYNE, , 46835

(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 Intakes 467014 & 467068. Intake 467014 - No deficiencies related to the allegations are cited. Intake 467068 - No deficiencies related to the allegations are cited. Survey date: January 21, 2026. Facility number: 015503 Residential Census: 100 Arbor Glen Independent & Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 467014 & 467068. Quality review completed January 23, 2026	R 0000		

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