

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3420 EAST STATE BLVD FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: January 25, 2023</p> <p>Facility: #000158 Provider: #155255 AIM Number: 100291490</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed January 25, 2023</p>			F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or – Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p>		
F 9999 Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p>			F 9999	<p>F-9999</p> <p>1. The facility license was renewed on 1-13-2023. The renewed facility license has been posted in the facility.</p> <p>2. The facility administrator or designee will be responsible to update the renewal application annually at least 45 days prior to the due date.</p>		02/04/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tammy Hunter

Administrator

02/01/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3420 EAST STATE BLVD FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on December 31, 2022.</p> <p>The state agency received the facility's renewal application and payment post marked January 13, 2023, which was not at least 45 days of the current license expiration date of December 31, 2023.</p>			<p>3. The corrective action will be enforced and monitored by the RDO or designee to ensure the renewal application and payment is submitted timely.</p> <p>4. This will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p> <p>5. The above will be implemented by 2-4-2023.</p>			