

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/09/2023
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 S ANTHONY BLVD FORT WAYNE, IN 46816		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00419584.</p> <p>Complaint IN00419584 - No deficiencies related to the allegations are cited.</p> <p>Survey date: 11/9/23</p> <p>Facility number: 000283 Provider number: 155586 AIM number: 100275020</p> <p>Census Bed Type: SNF/NF: 95 Residential: 48 Total: 143</p> <p>Census Payor Type: Medicare: 6 Medicaid: 68 Other: 69 Total: 143</p> <p>Lutheran Life Villages was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00419584.</p> <p>Quality review completed November 9, 2023</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE