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

PRINTED: 12/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		155755	B. WING			C 12/08/2023	
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD				STREET ADDRESS, C 3136 GOEGLEIN RD FORT WAYNE, IN		12/06/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH (PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 000	00 INITIAL COMMENTS		FC	00			
	IN00420314, IN0042	Investigation of Complaints 0799, IN00422296, 2613, IN00422654, and					
	Complaint IN004203 to the allegations are	14 - No deficiencies related cited.					
	Complaint IN004207 to the allegations are	99 - No deficiencies related cited.					
	Complaint IN004222 to the allegations are	96 - No deficiencies related cited.					
	Complaint IN00422545 - No deficiencies related to the allegations are cited.						
	Complaint IN004226 to the allegations are	13 - No deficiencies related cited.					
	Complaint IN004226 to the allegations are	54 - No deficiencies related cited.					
	Complaint IN004234 to the allegations are	74 - No deficiencies related cited.					
	Survey date: Decem	ber 7 and 8, 2023.					
	Facility number: 0002 Provider number: 15 AIM number: 100287	5755					
	Census Bed Type: SNF: 4 SNF/NF: 90 Residential: 42 Total: 136						

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

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 days 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.

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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD FORT WAYNE, IN 46815 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD Continued From page 1 C 12/08/2023 STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD FORT WAYNE, IN 46815 ID PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) FOOD Continued From page 1 Census Payor Type: Medicare: 24 Medicaid: 42 Other: 70 This location is a summary of the continued for the continued	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FROM Continued From page 1 Census Payor Type: Medicare: 24 Medicaid: 42 Other: 70 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE FOOD FROM FROM FROM CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETE TAG FOOD FOOD ONLY TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ONLY TAG ONLY TAG ONLY TAG COMPLETE DATE ONLY TAG ONLY			100700		STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD	I	12/08/2023	
Census Payor Type: Medicare: 24 Medicaid: 42 Other: 70	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Golden Years Homestead was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints INO0420314, INO0420799, INO0422296, INO0422545, INO0422613, INO0422654, and INO0423474. Quality review completed December 8, 2023	F 000	Census Payor Type: Medicare: 24 Medicaid: 42 Other: 70 Total: 136 Golden Years Home compliance with 410 Investigation of Com IN00420799, IN0042 IN00422613, IN0042	stead was found to be in IAC 16.2-5 in regard to the iplaints IN00420314, 22296, IN00422545, 22654, and IN00423474.	F 00				