

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NOBLE SENIOR LIVING AT FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
--	--

(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 a Post Survey Revisit (PSR) to the PSR to the Investigation of Complaints IN00337282, IN00339509, IN00339777, IN00340244, IN00340343, IN00340514, IN00343499, IN00345641, IN00346109, IN00346670, and IN00347764 completed on March 31, 2021 to the Investigation of Complaints completed on February 23, 2021.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Post Survey Revisit to the Investigation of Complaints IN00350009, and IN00350355 on March 31, 2021.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00351451, IN00352238, IN00353160, and IN00353247.</p> <p>Complaint IN00337282 - Corrected.</p> <p>Complaint IN00339509 - Corrected.</p> <p>Complaint IN00339777 - Corrected.</p> <p>Complaint IN00340244 - Corrected.</p> <p>Complaint IN00340343 - Corrected.</p> <p>Complaint IN00340514 - Corrected.</p> <p>Complaint IN00343499 - Corrected.</p> <p>Complaint IN00345641 - Corrected.</p> <p>Complaint IN00346109 - Corrected.</p> <p>Complaint IN00346670 - Corrected.</p> <p>Complaint IN00347764 - Corrected.</p>	{R 000}		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/21/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER NOBLE SENIOR LIVING AT FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
--	--

(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>Continued From page 1</p> <p>Survey dates: May 18, 19, 20, and 21, 2021</p> <p>Facility number: 012288</p> <p>Residential Census: 132</p> <p>Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the Investigation of Complaints IN00337282, IN00339509, IN00339777, IN00340244, IN00340343, IN00340514, IN00343499, IN00345641, IN00346109, IN00346670, and IN00347764.</p> <p>Quality review completed May 26, 2021</p>	{R 000}		