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

PRINTED: 05/25/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, 2P CODE S29 HERITAGE PARKWAY S29 HERITAGE PARKWA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER HERITAGE POINTE OF FORT WAYNE (P4) ID PROVIDER'S SUMMARY STATEMENT OF DEFICIENCIES PRETEX REGULATORY OR LSC IDENTIFYING INFORMATION) (E 000) Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/26/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/23/23 Facility Number: 012931 Provider Number: 155828 AIM Number: 201278730 A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/26/23 (K 000) (K 000) W 000 W 000 W 000			155828					
HERITAGE POINTE OF FORT WAYNE S250 HERITAGE PARKWAY FORT WAYNE, IN 46835	L					TOFFT ADDRESS CITY STATE ZID CODE	05/	23/2023
HERITAGE POINTE OF FORT WAYNE FORT WAYNE, IN 48835	INAME OF FE	NOVIDER OR SUFFLIER				, , ,		
CALID PRECENT PROTECTION PRECEDENCY PRECEDIATE PRECEDIATE PROTECTION PRECEDIATE PRECEDIATE PROTECTION PRECEDIATE PRECEDIATE	HERITAGE POINTE OF FORT WAYNE							
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) {E 000} Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/26/23 was conducted by the Indianal Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/23/23 Facility Number: 012931 Provider Number: 155828 AIM Number: 201278730 At this PSR survey, Heritage Pointe of Fort Wayne was found in compliance with Emergency Preparedness Requirements for Medicaire and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 84 and had a census of 54 at the time of this survey. Quality Review completed on 05/24/23 [K 000] A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/26/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 05/23/23 Facility Number: 012931 Provider Number: 15828 AIM Number: 201278730 At this PSR survey, Heritage Pointe of Fort Wayne was found in compliance with Requirements for Participation					Г	TORT WATNE, IN 40035		T
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Wayne was found in compliance with Requirements for Participation	{K 000}	Preparedness Survey conducted by the Ind accordance with 42 C Survey Date: 05/23/2 Facility Number: 012 Provider Number: 15 AIM Number: 201276 At this PSR survey, HWayne was found in Preparedness Requir Medicaid Participating 42 CFR 483.73. The and had a census of Quality Review comp INITIAL COMMENTS A Post Survey Revis Code Recertification conducted on 04/26/2 Indiana Department of CFR Subpart 483.906 Survey Date: 05/23/2 Facility Number: 012 Provider Number: 15	y conducted on 04/26/23 was iana Department of Health in CFR 483.73. 23 931 55828 8730 deritage Pointe of Fort compliance with Emergency rements for Medicare and groviders and Suppliers, facility has a capacity of 84 54 at the time of this survey. leted on 05/24/23 it (PSR) to the Life Safety and State Licensure Survey 23 was conducted by the of Health in accordance 42 (a). 23 931 931	{K 0	000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Wayne was found in a Requirements for Par Medicare/Medicaid, 4	compliance with ticipation 2 CFR Subpart 483.90(a),					

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	TIPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED	
		155828	B. WING			R 05/22/2022	
	ROVIDER OR SUPPLIER E POINTE OF FORT WAY			STREET ADDRESS, CITY, STATE, ZIP CODE 5250 HERITAGE PARKWAY FORT WAYNE, IN 46835	<u> </u>	05/23/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{K 000}	Life Safety From Fire National Fire Protecti Life Safety Code (LS: Health Care Occupar This one story facility Type V (111) construct The facility has a fire detection in the corric corridors with hard wiresident rooms. The and had a census of All areas where reside	and the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19, Existing noies and 410 IAC 16.2-3. was determined to be of ction and fully sprinklered. alarm system with smoke dors, in all areas open to the ired smoke detectors in all facility has a capacity of 84 54 at the time of this visit. ents have customary access areas providing facility ered.	{K 0	00)			