

Indiana Department of Health

|   |  |   |  |  |
|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>014017</b>                                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/03/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FIVE STAR RESIDENCES OF FORT WAYNE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2601 COVINGTON COMMONS DRIVE</b><br><b>FORT WAYNE, IN 46804</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R 000   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00422413 and IN00424082.</p> <p>Complaint IN00422413 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00424082 - No deficiencies related to the allegations are cited.</p> <p>Survey date: January 3, 2024</p> <p>Facility number: 014017</p> <p>Residential Census: 71</p> <p>Five Star Residences of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00422413 and IN00424082.</p> <p>Quality review completed January 4, 2024</p> | R 000   |  |  |

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

TITLE

(X6) DATE