

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

PRINTED: 10/27/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155755</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN YEARS HOMESTEAD</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3136 GOEGLEIN RD</b> <b>FORT WAYNE, IN 46815</b>			
(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) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00392744, IN00392799, and IN00392903. This visit was in conjunction with a Recertification and State Licensure Survey. This visit was also in conjunction with a State Residential Licensure Survey.</p> <p>Complaint IN00392744- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00392799- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00392903- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 17, 18, 19, 20, and 21, 2022</p> <p>Facility number:000282 Provider number: 155755 AIM number:100287520</p> <p>Census Bed Type: SNF:3 SNF/NF: 93 Residential: 43 Total:139</p> <p>Census Payor Type: Medicare:6 Medicaid:71 Other:62 Total:139</p> <p>Golden Years was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC</p>			F 000			

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

TITLE

(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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F 000	Continued From page 1 16.2-3.1 in regard to the Investigation of Complaint IN00392744, IN00392799, and IN00292903.  Quality review completed October 25, 2022.	F 000			