STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012288	A. BUILDING: _____ B. WING _____	C 03/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE SENIOR LIVING AT FORT WAYNE	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	INITIAL COMMENTS This visit was for the Investigation of Complaint's IN00348578, IN00348811, and IN00348924. Complaint IN00348578 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00348811 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00348924 - Substantiated. No deficiencies related to the allegations are cited. Survey date: March 18, and 19, 2021 Facility number: 012288 Residential Census: 123 Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00348578, IN00348811, and IN00348924. Quality review completed March 23, 2021	R 000		