

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NOBLE SENIOR LIVING AT FORT WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 E WASHINGTON BLVD</b> <b>FORT WAYNE, IN 46802</b>
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(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><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00350009, and IN00350355 on March 31,2021.</p> <p>This visit was in conjunction with 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 and the Investigation of Complaints completed on February 23, 2021.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00351451, IN00352238, IN00353160, and IN00353247.</p> <p>Complaint IN00350009 - Corrected.</p> <p>Complaint IN00350355 - Corrected.</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 Investigation of Complaints IN00350009, and IN00350355.</p> <p>Quality reiew completed May 26, 2021</p>	{R 000}		

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