

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>C</b> <b>07/13/2022</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 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 the Investigation of Complaint IN00382398, IN00383154, IN00383261, IN00383888 and IN00383900 .</p> <p>Complaint IN00382398 - Unsubstantiated due to lack of evidence</p> <p>Complaint IN00383154- Substantiated. No deficiencies related to the allegations are cited</p> <p>Complaint IN00383261 - Unsubstantiated due to lack of evidence</p> <p>Complaint IN00383888 - Substantiated. No deficiencies related to the allegations are cited</p> <p>Complaint IN00383900 - Unsubstantiated due to lack of evidence</p> <p>Survey date: July 12 and 13, 2022</p> <p>Facility number: 012288</p> <p>Residential Census: 84</p> <p>Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00382398, IN00383154, IN00383261, IN00383888 and IN00383900.</p> <p>Quality review completed July 14, 2022</p>	R 000		

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

TITLE

(X6) DATE