STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155255	A. BUILDING _____ B. WING _____	C 06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CELEBRATE SENIOR LIVING OF FORT WAYNE	**3420 EAST STATE BLVD FORT WAYNE, IN 46805**

(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	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint IN00409575.This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint(s) IN00406062 and IN00406174 completed on April 17, 2023. This visit was also in conjunction with a Recertification and State Licensure Survey.

Complaint IN00409575 - No deficiencies related to the allegations are cited.

Survey dates: May 31, June 1, 2, 5, and 6, 2023

Facility number: 000158
Provider number: 155255
AIM number: 100291490

Census Bed Type:
SNF/NF:76
SNF:4
Total:80

Census Payor Type:
Medicare:4
Medicaid:67
Other:9
Total:80

Celebrate Senior Living of Fort Wayne was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00409575.

Quality review completed June 12, 2023.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE