

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
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NAME OF PROVIDER OR SUPPLIER NOBLE SENIOR LIVING AT FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
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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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00351451, IN00352238, IN00353160, and IN00353247.</p> <p>This visit was in conjunction with a 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 and the Complaint Investigation completed on February 23, 2021.</p> <p>This visit was in conjunction with a PSR to the investigation of Complaints IN00350009, and IN00350355 on March 31, 2021.</p> <p>Complaint IN00351451 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00352238 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00353160 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00353247 - Substantiated. No deficiencies related to the allegations are cited.</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 Investigation of Complaint IN00351451, IN00352238, IN00353160, and IN00353247.</p>	R 000		

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

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R 000	Continued From page 1 Quality review completed May 26, 2021.	R 000		