| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 014017 | A. BUILDING: _____ B. WING _____ | C 09/26/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FIVE STAR RESIDENCES OF FORT WAYNE | 2601 COVINGTON COMMONS DRIVE FORT WAYNE, IN 46804 |

| (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<br><br>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00443242.<br><br>Complaint IN00443242 - No deficiencies related to the allegations are cited.<br><br>Survey dates: September 25, and 26, 2024.<br><br>Facility number: 014017<br><br>Residential Census: 74<br><br>Five Star Residences of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00443242.<br><br>Quality review completed September 26, 2024 | R 000 | | |