

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  R-C <b>11/17/2022</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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00392342 and IN00392528 completed on October 18, 2022. This survey was in conjunction with a PSR to Investigation of Complaint IN00389752 completed on September 29, 2022.</p> <p>Complaint IN00392342 - Corrected</p> <p>Complaint IN00392528 - Corrected</p> <p>Survey date: November 17, 2022</p> <p>Facility number: 012288</p> <p>Residential Census: 81</p> <p>Noble Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00392342 and IN00392528.</p> <p>Quality review completed November 18, 2022</p>	{R 000}		

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