DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER TOWNE HOUSE RETIREMENT COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE 2209 ST JOE CENTER RD FORT WAYNE, IN 46825 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			
STREET ADDRESS, CITY, STATE, ZIP CODE 2208 ST JOE CENTER RD			155475					
TOWNE HOUSE RETIREMENT COMMUNITY X3 ID PREPIX SUMMARY STATEMENT OF DEFICIENCIES PREPIX (EACH DEFICIENCY WIST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY PREPIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		1 02/	13/2023
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IN00401166 - Substantiated. No deficiencies related to the allegations are cited. Survey date: February 13, 2023 Facility number: 000541 Provider number: 155475 Census Bed Type: SNF: 13 Total: 13 Census Payor Type: Medicare: 8 Other: 5 Total: 13 Town House Retirement Community 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 IN00401166.	TOWNE H	OUSE RETIREMENT CO	MMUNITY					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	L ADODATOS:	DIPEOTORIO OS SESSIVISTES	OURDINED DEDDEOCATATATATA			777.5		(VC) PATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.