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

PRINTED: 10/14/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER   SIRVER ADDRESS, CITY, STATE, ZIP CODE 209 \$7.00 CENTER RD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  TOWNE HOUSE RETIREMENT COMMUNITY  (A) 10 (A) 10 (B)			155475					
TOWNE HOUSE RETIREMENT COMMUNITY    2009 ST JOE CENTER RD FORT WAYNE, IN 46825     (A4) ID PRETIX   SUMMARY STATEMENT OF DEFICIENCIES   REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFICIENCY TO THE ACTION SHOULD BE CROSS-REFERENCE. TO THE APPROPRIATE CATE OF THE APPROP	L					ESS CITY STATE ZIP CODE	10/	13/2021
Comparison   Community   Fort Wayne, In 48825	INAME OF T	NOVIDEN ON 3011 EIEN						
Company   Comp	TOWNE HOUSE RETIREMENT COMMUNITY							
PREFIX TAG  REGULATORY OR LSC IDINITIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  Paper compliance to the Covid 19 Focused Infection Control Survey completed on September 21, 2021.  Review Date: October 13, 2021  Facility Number: 000541  Provider Number: NA  Townhouse 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 paper compliance review to the Covid 19 Focused Infection Control Survey.					1			
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		compliance review to	the Covid 19 Focused					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LAROPATORY		SLIDDI IED DEDDESENITATIVE'S SIGNATU	DE		TITI E		(X6) DATE

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.