| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013463 | A. BUILDING: _____ B. WING _____ | C 03/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GEORGETOWN PLACE | 1717 MAPLECREST ROAD FORT WAYNE, IN 46815 |

| (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 the Investigation of Complaint IN00402411.<br><br>Complaint IN00402411 - No deficiencies related to the allegations are cited.<br><br>Survey date: March 23, 2023<br><br>Facility number: 013463<br><br>Residential Census:151<br><br>Georgetown Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00402411.<br><br>Quality review completed March 24, 2023 | R 000 | | |