

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014512 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/26/2024 |
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| NAME OF PROVIDER OR SUPPLIER EVERGREEN VILLAGE AT FORT WAYNE | STREET ADDRESS, CITY, STATE, ZIP CODE 12523 AUBURN ROAD FORT WAYNE, IN 46845 |
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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>INITIAL COMMENTS</p> <p>This visit included the Investigation of Complaints IN00443643 & IN00441717.</p> <p>Complaint IN00443643 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441717 - No deficiencies related to the allegations are cited.</p> <p>Survey date: September 26, 2024</p> <p>Facility number: 014512</p> <p>Residential Census: 118</p> <p>Evergreen Village at 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 Complaints IN00443643 & IN00441717.</p> <p>Quality review completed September 26, 2024</p> | R 000 | | |

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE