

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2025
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NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
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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 was for the Investigation of Complaints IN00455712, IN00457492, IN00457568, IN00457708, and IN00457745.</p> <p>Complaint IN00455712 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457492 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457568 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457708 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457745 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 21 and 22, 2025</p> <p>Facility number: 012288</p> <p>Residential Census: 93</p> <p>The Grand Marquis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00455712, IN00457492, IN00457568, IN00457708, and IN00457745.</p> <p>Quality review completed on April 22, 2025.</p>	R 000		

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