STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING _____ B. WING _____	C 11/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF RICHMOND, THE	**400 INDUSTRIES ROAD RICHMOND, IN 47374**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for Investigation of Complaints IN00367227 and IN00367197 This visit included a COVID-19 Focused Infection Control Survey. This visit also included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00367227 - Unsubstantiated due to lack of evidence. Complaint IN00367197 - Unsubstantiated due to lack of evidence. Survey dates: November 17 & 18 2021 Facility number: 013635 Provider number: 155843 AIM number: 300026664 Census Bed Type: SNF/NF: 7 SNF: 40 Residential: 13 Total: 60 Census Payor Type: Medicare: 37 Medicaid: 6 Other: 4 Total: 47 The Springs of Richmond 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 IN00367227 and IN00367197 and the COVID-19 Focused Infection Control Survey. Quality review completed on November 22, 2021	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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