

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2015
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NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062
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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 Complaint #IN00174972.</p> <p>Complaint # IN00174972 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: June 25, 2015</p> <p>Facility Number: 004417 Provider Number: 004417 AIM number: N/A</p> <p>Census Bed Type: Residential: 85 Total: 85</p> <p>Census Payor Type: Other: 85 Total: 85</p> <p>Sample: 5</p> <p>Riverwalk Commons was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint #IN00174972.</p>	R 000		

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