STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERWALK COMMUNITIES	401 S.E. 6TH STREET, EVANSVILLE, , 47713

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00371551 and Complaint IN00381248 completed on June 9, 2022. This visit was in conjunction with the Investigation of Complaint IN00390847 and IN00390879. Complaint IN00371551-Corrected Complaint IN00381248-Corrected Survey dates: November 2, 3, 7, 2022. Facility number: 011274 Residential Census: 97 Riverwalk Communities was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00371551 and IN00381248. Quality review completed on	R 0000		

	November 17, 2022. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00371551 and Complaint IN00381248 completed on June 9, 2022. This visit was in conjunction with the Investigation of Complaint IN00390847 and IN00390879. Complaint IN00371551-Corrected Complaint IN00381248-Corrected Survey dates: November 2, 3, 7, 2022. Facility number: 011274 Residential Census: 97 Riverwalk Communities was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00371551 and IN00381248. Quality review completed on November 17, 2022.				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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