STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWALK AT LUTHERWOODS	1301 N RITTER AVE, INDIANAPOLIS, , 46219

(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 the Investigation of Complaints IN00373360, IN00378581, and IN00387936. Complaint IN00373360 - Unsubstantiated due to lack of evidence. Complaint IN00378581 - Unsubstantiated due to lack of evidence. Complaint IN00387936 - Unsubstantiated due to lack of evidence. Survey date: February 21, 2023 Facility number: 011587 Residential Census: 84 Rosewalk At Lutherwoods was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00373360, IN00378581, and IN00387936. Quality review completed on	R 0000		

	February 24, 2023			

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