STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING AT ROMWEBER FLATS	123 SOUTH DEPOT STREET, BATESVILLE, , 47006

(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 IN00398424 completed on 01/05/2023. This visit was in-conjunction with the Investigation of Complaint IN00399253. Complaint IN00398424 - Corrected Complaint IN00399253 - Unsubstantiated due to lack of evidence Survey dates: February 10 and 13, 2023 Facility number: 013321 Residential Census: 17 Assisted Living at Romweber Flats was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00398424. Quality review completed on	R 0000		

	February 14, 2023. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00398424 completed on 01/05/2023. This visit was in-conjunction with the Investigation of Complaint IN00399253. Complaint IN00398424 - Corrected Complaint IN00399253 - Unsubstantiated due to lack of evidence Survey dates: February 10 and 13, 2023 Facility number: 013321 Residential Census: 17 Assisted Living at Romweber Flats was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00398424. Quality review completed on February 14, 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