

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/13/2023	
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT ROMWEBER FLATS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaint IN00399253. This visit was in-conjunction with the Post Survey Revisit (PSR) to Investigation of Complaint IN00398424 completed on 01/05/2023. 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 Investigation of Complaint IN00399253. Quality review completed on	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	February 14, 2023.			
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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
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