

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011587</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWALK AT LUTHERWOODS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 N RITTER AVE</b> <b>INDIANAPOLIS, IN 46219</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00373360, IN00378581, and IN00387936.</p> <p>Complaint IN00373360 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00378581 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387936 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: February 21, 2023</p> <p>Facility number: 011587</p> <p>Residential Census: 84</p> <p>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.</p> <p>Quality review completed on February 24, 2023</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE