

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

PRINTED: 03/02/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155106 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/23/2023 |
| NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD NOBLESVILLE, IN 46060 | | |
| (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) COMPLETION DATE | |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00399686, IN00401342, IN00401356 and IN00401924.</p> <p>Complaint IN00399686 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00401342 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00401356 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00401924 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: February 21, 22 and 23, 2023.</p> <p>Facility number: 000044 Provider number: 155106 AIM number: 100274940</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 12 Medicaid: 67 Other: 46 Total: 125</p> <p>Riverwalk Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00399686, IN00401342, IN00401356 and IN00401924.</p> | F 000 | | | |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | Continued From page 1 Quality review completed March 1, 2023. | F 000 | | | |