| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155106 | A. BUILDING _____ B. WING _____ | C 02/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RIVERWALK VILLAGE** | **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 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00399686, IN00401342, IN00401356 and IN00401924.<br><br>Complaint IN00399686 - Unsubstantiated due to lack of evidence.<br><br>Complaint IN00401342 - Substantiated. No deficiencies related to the allegations were cited.<br><br>Complaint IN00401356 - Substantiated. No deficiencies related to the allegations were cited.<br><br>Complaint IN00401924 - Substantiated. No deficiencies related to the allegations were cited.<br><br>Survey dates: February 21, 22 and 23, 2023.<br><br>Facility number: 000044<br>Provider number: 155106<br>AIM number: 100274940<br><br>Census Bed Type:<br>SNF/NF: 125<br>Total: 125<br><br>Census Payor Type:<br>Medicare: 12<br>Medicaid: 67<br>Other: 46<br>Total: 125<br><br>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. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| F 000 | Continued From page 1<br><br>Quality review completed March 1, 2023. | F 000 | | |