

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>013321</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>02/13/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASSISTED LIVING AT ROMWEBER FLATS</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>123 SOUTH DEPOT STREET<br/>BATESVILLE, IN 47006</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {R 000}  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00398424 completed on 01/05/2023.</p> <p>This visit was in-conjunction with the Investigation of Complaint IN00399253.</p> <p>Complaint IN00398424 - Corrected</p> <p>Complaint IN00399253 - Unsubstantiated due to lack of evidence</p> <p>Survey dates: February 10 and 13, 2023</p> <p>Facility number: 013321</p> <p>Residential Census: 17</p> <p>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.</p> <p>Quality review completed on February 14, 2023.</p> | {R 000}   |  |  |

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

TITLE

(X6) DATE