

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013321	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/13/2023
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT ROMWEBER FLATS		STREET ADDRESS, CITY, STATE, ZIP CODE 123 SOUTH DEPOT STREET BATESVILLE, IN 47006		
(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00399253.</p> <p>This visit was in-conjunction with the Post Survey Revisit (PSR) to Investigation of Complaint IN00398424 completed on 01/05/2023.</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 Investigation of Complaint IN00399253.</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