STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155630	A. BUILDING **01** B. WING _____	R **04/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLATROCK RIVER LODGE	**904 E 11TH ST** **RUSHVILLE, IN 46173**

(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
{K 000}	INITIAL COMMENTS A second Post Survey Revisit (PSR) to the PSR conducted on 03/09/23 to the Life Safety Code Recertification and State Licensure Survey conducted on 02/02/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/21/23 Facility Number: 001126 Provider Number: 155630 AIM Number: 200011300 At this PSR Life Safety Code survey, Flatrock River Lodge was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one-story facility was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has Assisted Living rooms on the 400 Hall which are not separated by latching fire doors and some Assisted living rooms on the same corridor with Skilled Nursing rooms. The facility has a capacity of 63 and had a census of 33 at the time of this PSR survey. All areas where residents have customary access were sprinkled and all areas providing facility	{K 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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{K 000}	Continued From page 1 services were sprinkled. The facility had a detached garage used for storage which was not sprinkled. Quality Review completed on 04/24/23	{K 000}		