

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/07/2022
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NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMUNITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 401 S.E. 6TH STREET EVANSVILLE, IN 47713
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(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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00371551 and Complaint IN00381248 completed on June 9, 2022.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00390847 and IN00390879.</p> <p>Complaint IN00371551-Corrected</p> <p>Complaint IN00381248-Corrected</p> <p>Survey dates: November 2, 3, 7, 2022.</p> <p>Facility number: 011274</p> <p>Residential Census: 97</p> <p>Riverwalk Communities was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00371551 and IN00381248.</p> <p>Quality review completed on November 17, 2022.</p>	{R 000}		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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