

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2023
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NAME OF PROVIDER OR SUPPLIER ROSEWALK AT LUTHERWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219
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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 the Investigation of Complaint IN00418524.</p> <p>Complaint IN00418524 - No deficiencies related to the allegations are cited.</p> <p>Survey date: October 10, 2023</p> <p>Facility number: 011587</p> <p>Residential Census: 81</p> <p>Rosewalk At Lutherwoods was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaint IN00418524.</p> <p>Quality review completed on October 11, 2023</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE