

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Riverview Village		STREET ADDRESS, CITY, STATE, ZIP CODE 586 Eastern Blvd Clarksville, IN 47129	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to prevent a significant medication error related to insulin administration for 1 of 3 residents reviewed for medication administration. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/27/24 at 10:08 a.m. The resident's diagnosis included, but was not limited to, diabetes with hyperglycemia.</p> <p>The care plan, dated 7/24/24, indicated the resident was at risk for hyperglycemia and to administer medication as ordered.</p> <p>The physician's order, dated 7/23/24, indicated the resident was to receive insulin degludec (ultralong-acting insulin) 50 units, subcutaneously every morning at 6:30 a.m. The physician was to be notified of a blood sugar less than 60 or greater than 400.</p> <p>The July 2024 medication administration record indicated on 7/24/24 at 6:30 a.m., Resident B's blood sugar was 390.</p> <p>The July 2024 medication administration lacked documentation that the insulin was administered as ordered by the physician. A notation was documented by RN (Registered Nurse) 4 that the drug item was not available, the resident was new and the medication dose was unavailable.</p> <p>Review of the pharmacy shipment delivery indicated Resident B's insulin arrived at the facility on 7/24/24 at 7:19 a.m.</p> <p>During an interview on 8/27/24 at 10:38 a.m., RN 4 indicated on 7/24/24, the resident's insulin had not arrived at that time and the dosage needed was not in the omnicell (emergency drug kit). She reported to the oncoming nurse, RN 3, the residents blood sugar and RN 3 was going to give the insulin upon arrival.</p> <p>During an interview on 8/27/24 at 10:45 a.m., RN 3 indicated she did not give the insulin because she was not aware that Resident B did not receive his insulin since the blood sugar checks were completed on night shift.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/27/24 at 3:16 a.m., the DON (Director of Nursing) indicated the insulin should have been administered upon arrival to the facility at 7:19 a.m.</p> <p>On 8/27/24 at 2:20 p.m., the DON provided a current copy of the document titled Medication Errors dated 11/02. It included, but was not limited to, Policy .It is the policy of this provider to ensure residents residing in the facility are free of mediation errors .</p> <p>This Citation relates to Complaint IN00440394</p> <p>3.1-48(c)(1)</p>		