

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 06/25/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a safe and sanitary environment for 2 of 66 resident rooms reviewed for the environment. (Residents 11 and 17).</p> <p>Findings include:</p> <p>1. During an observation on 6/19/25 at 1:00 p.m., the following was observed:</p> <ul style="list-style-type: none"> - Resident 17 was sitting on the side of his bed. He was observed to be disheveled and had a strong foul odor. - The bedside nightstand had approximately 15 Styrofoam cups stacked up. - There were 3 garlic bread sticks laying in the bed. The review of the meal menu indicated the last time the facility had served breadsticks was on 6/16/25. - There were 3 bowls of food like substances in each bowl. - The resident's linens and clothes were observed with stains, food debris, and had a foul odor. - There were 3 Styrofoam containers underneath the resident's bed with food stored in them. The resident became upset when the staff tried to open the containers. - The floor had unknown substances that had dried and stained the floor. - The bedside table had a Styrofoam container that contained breakfast food. It also had dried substances and food debris on it. <p>The foul odor from Resident 17's room could be detected in the hallway approximately 15 to 20 feet before getting to the resident's room.</p> <p>The record for Resident 17 was reviewed on 6/20/25 at 1:21 p.m. The resident's diagnoses included, but were not limited to, dementia, obsessive-compulsive disorder, manic episode, severe psychotic symptoms, and a history of a traumatic brain disorder.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The care plan, dated 5/28/21 and revised on 8/9/25, indicated Resident 17 could become combative with staff members when they attempted to clean or free his room from old Styrofoam containers or other items that needed to be removed. The resident would also become combative with staff while they attempted personal care, showers, and changing clothes. The resident had a diagnosis of obsessive-compulsive disorder and hoarding and would keep old food or drinks in the room. The interventions included, but were not limited to, the resident would allow staff to keep his room clean and free of trash without injury. Encourage an activity the resident would enjoy, psychiatric admission as needed, administer medications as ordered, aid the resident in calling his family member to encourage him to allow the staff to clean his room, offer a quiet environment, and provide the resident with personal space to calm himself.</p> <p>The Minimum Data Set (MDS) assessment, dated 5/7/25, indicated the resident was rarely or never understood. The resident required moderate assistance with Activities of Daily Living (ADL's).</p> <p>The nurse's note, dated 8/18/24 at 11:00 a.m., indicated the resident hollered, kicked and smacked at the housekeeper when she was cleaning the resident's side of the room. The resident had been re-directed back to his room and educated he could not hit anyone. The Housekeeper manager and Assistant DON (Director of Nursing) was notified.</p> <p>The nurse's note, dated 9/20/24 at 1:30 p.m., indicated the resident threw items at his roommate earlier in the shift, and when the Certified Nurse Aide (CNA) entered the resident's room, she observed water all over the floor from the resident dumping water cups onto the floor and in the trash can.</p> <p>The nurse's note, dated 3/12/25 at 1:44 a.m., indicated the resident was incontinent and soiled himself. The resident attempted to put back on the soiled underwear. Resident 17 became combative when the nurse attempted to aid with incontinence care.</p> <p>2. During an observation, on 6/18/25 at 9:30 a.m., Resident 11 was sitting in the common area waiting to go out to smoke. The resident looked disheveled, and his clothes were stained and had food debris. The resident had a foul odor.</p> <p>During an observation, on 6/18/25 at 1:00 p.m., the following was observed:</p> <ul style="list-style-type: none"> - A Styrofoam cup full of urine was sitting on the windowsill. - A Styrofoam cup had a partial sandwich stuffed down inside the cup. - The resident's linens were stained with a brown and pinkish substance and the linens were wet with urine. - The floor had old soggy bread and food debris on it. - The privacy curtain had been stained with a brown substance and had a foul odor. - The room had an overall foul odor, and the odor had drifted out into the hallway approximately 15 to 20 feet. <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The record for Resident 11 was reviewed on 6/20/25 at 1:21 p.m. The resident's diagnoses included, but were not limited to, dementia, bipolar disorder, and anxiety.</p> <p>The care plan, dated 6/5/19 and revised on 4/15/25, indicated Resident 11 had a history of hoarding items in the drawers in his room including candy, multiple cans of sodas, sugars and creamers. The interventions included, but were not limited to, the resident would allow staff to aid cleaning out his drawers and keeping items necessary,</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 4/22/25, indicated the resident was moderately cognitively impaired.</p> <p>The behavior notes, dated 4/29/25 at 9:44 a.m., indicated the resident was throwing feces in the garbage can. The resident often refused care or would not allow staff to clean his room. The resident frequently left cups of urine or dirty briefs throughout the room.</p> <p>During an interview, on 6/18/25 at 1:00 p.m., RN 2 indicated housekeeping would clean the resident's room every day. The resident would hoard food and when staff tried to remove the food he would charge them. The resident refused to take a shower.</p> <p>During a confidential interview, between 6/18/25 and 6/25/25, Staff 100 indicated the resident would get mad and would charge a staff member when they tried to remove anything from his room. They indicated the smell was so bad it could be smelled by the other residents out in the hallways. They indicated the resident would hoard food and keep it in his bed for days or weeks. The room needed deep cleaned, but that had not been done. The room smelled so bad no one wanted to enter the room, and they would not enter without a mask on.</p> <p>During an interview, on 6/18/25 at 2:30 p.m., the Administer indicated she acknowledged the residents' room was a problem. She indicated the odor was infringing on the other residents' rights, but she was unsure how to fix the problem.</p> <p>During an interview, on 6/24/25 at 10:48 a.m., the Housekeeping Supervisor indicated some of the housekeepers were intimidated by the resident and it was difficult for them to clean the resident's room. The residents' rooms were to be cleaned daily. The rooms were divided up and different rooms should be deep cleaned daily.</p> <p>3.1-19(f)</p>		