

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2024
NAME OF PROVIDER OR SUPPLIER  River Bend Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Stocker Dr Evansville, IN 47720	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free of abuse for 1 of 3 residents reviewed for abuse. A resident was inappropriately touched by another resident. ( Resident D, Resident E)</p> <p>Finding includes:</p> <p>On 2/29/24 at 9:50 a.m., the DON indicated the facility had one state reportable that police were involved in. She had received a phone call reporting that Resident D had been observed by a staff member inappropriately touching Resident E.</p> <p>At 10:30 a.m. a state reportable was reviewed and included, but was not limited to:</p> <p>Incident date : 2/8/2024 at 6:20 p.m.</p> <p>Description added: Resident [name (Resident D)] was noted to touch resident [name (Resident E)] inappropriately.</p> <p>Type of injury added: 2/8/2024 Residents immediately separated, MD's, families, and police notified of incident. Resident [name(Resident D)] immediately placed on 1 to 1 supervision.</p> <p>Follow up: 2/14/2024 Resident [name(Resident D)] continues to be on 1 to 1 supervision. Police made aware of the incident with a case number provided. MD and family notified of both residents. APS (Adult Protective Services) involved with the care of resident [name(Resident D)] and are in the process of obtaining a court appointed guardian. Referrals for a psych stay have been made for [name], awaiting bed opening. APS has given approval for transfer if needed. Both residents have been interviewed and neither can recall the incident. Psychosocial support has been provided to both residents and neither show any signs of changes in mood. Resident [name(Resident D)] was seen by psych services with notes stating he has some moderate anxiety, with a diagnosis of anxiety disorder, has limited recollection of the incident and has no desire to discuss the incident. Resident [name] was relocated to an alternate unit. Skin assessments were completed on [name] and all residents residing on the unit with no findings. Resident interviews completed on all alert and oriented residents with no findings. Psychosocial support continues for both residents, psych services as ordered. 1 to 1 supervision for [name(Resident D)] will be provided until psych stay can be secured.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A witness statement by CNA 1 was reviewed and included the following: 2/9/24 [name(Resident E)] was sitting in lobby in front of tv. [name(Resident D)] was sitting next [name(Resident E)] I saw [name(Resident D)] hand down [name(Resident E)] pants [name(Resident E)] had non verbal statements to stop but he looked upset. I immediately told [name(Resident D)] to stop and he said God Dammit he liked it</p> <p>Per phone interview with CNA 1 [name].</p> <p>On 2/29/24 at 11:20 a.m., Resident E was observed lying in his bed in his room. Resident E indicated he had not been inappropriately touched by another resident or anyone at the facility, he did not feel afraid or unsafe.</p> <p>On 2/29/24 at 11:30 a.m., Resident E's clinical record was reviewed. Diagnoses included, but were not limited to, bipolar disorder, major depressive disorder, recurrent , moderate, Parkinson's disease, generalized anxiety disorder, unspecified dementia, unspecified severity, with mood mood disturbance, psychotic disorder with delusions due to known physiological condition. A significant change MDS (Minimum Data Set) assessment dated [DATE], indicated Resident E's cognition was moderately impaired.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>[name(Resident E)] has a history of traumatic event and may experience stress related to the event, date initiated 2/9/2024.</p> <p>Progress notes were reviewed and included the following:</p> <p>2/8/24 at 6:30 p.m., Staff alerted this nurse that resident in room [ROOM NUMBER] had his hand down another resident's pants. Upon assessment resident in room [ROOM NUMBER] B reported that resident in 211 had his hand down his pants touching his penis. Resident stated, That guy rubbed my stomach and (sic) then put his hand down my pants. He was holding my penis. Head to toe assessment completed with no abnormalities noted, resident in 211 taken back to room and placed on 1 on 1, DON notified, 911 called and report given, NHT (nursing home triage) notified, Hospice notified, and resident emergency contact notified.</p> <p>A psychotherapy progress note dated 2/9/2024 included, but was not limited to:</p> <p>Subjective interval history and coordination of care . It is reported by facility that pt reported being touched inappropriately by another resident on or about 2/8/24. Law enforcement was contacted. The reported perp was moved to 1st floor. Pt reports feelings of trauma from childhood sexual abuse were triggered by incident. Pt's anxiety is reportedly being treated with medication.</p> <p>Summary of Session : . Therapist asked about the incident from 2-8-24 (see interval hx). Pt denies any stress and reports no desire to talk about any incident .</p> <p>Resident E's EMAR (Electronic Medication Administration Record) was reviewed for February 2024 and included the following:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Lorazepam (anti-anxiety ) tablet 0.5 mg(milligram) by mouth every 2 hours as needed for anxiety, start date 1/12/24.</p> <p>Given on the following dates and times:</p> <p>2/9/24- 7:30 p.m.</p> <p>2/11/24- 7:40 p.m.</p> <p>2/12/24- 10:15 p.m.</p> <p>2/18/24- 7:30 p.m., 10:29 p.m.</p> <p>2/22/24- 7:30 p.m.</p> <p>2/24/24- 7:44 p.m.</p> <p>2/25/24- 11:50 p.m.</p> <p>2/26/24- 6:39 p.m.</p> <p>2/27/24- 7:00 p.m.</p> <p>2/29/24- 7:40 p.m.</p> <p>On 2/29/24 at 11:41 a.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, altered mental status unspecified, dementia in other diseases classified elsewhere, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. An admission MDS (Minimum Date Set) assessment dated [DATE], indicated Resident D's cognition was moderately impaired.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>[name(Resident D)] demonstrates inappropriate sexual behavior at times mental/emotional illness. [name] will take gown off and refuse to keep clothes on. [name(Resident D)] will walk out into hallway with no clothes on, date initiated 2/9/24.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>2/8/24 at 6:15 p.m., Staff reported that resident had his hand down another resident's pant's, upon assessment, resident was leaving lounge area. This nurse inquired what had happened and resident stated, Oh, he liked it, I didn't do a damn thing wrong. This resident immediately placed 1 on 1 and safety provided to other resident involved. Statements received, DON notified, and 911 called/report given,</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/1/24 at 1:29 p.m., the Infection Preventionist Nurse provided the current abuse policy with a revised date of 11/28/16. The policy included, but was not limited to: The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Residents must not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants, or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.</p> <p>This citation relates to Complaint IN00429533, IN00428768, and IN00428560.</p> <p>3.1-27(a)(1)</p>