

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 05/14/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure a plan of care was developed and implemented for 1 of 1 resident with an enteral feeding tube. A plan of care was not created timely for an enteral feeding tube and physician orders for enteral tube feeding and treatments were not completed as ordered by the physician. (Resident B)</p> <p>Finding includes:</p> <p>During an observation on 5/13/24 at 9:55 A.M., Resident B was lying in bed in his room. An enteral feeding tube pump and pole were next to Resident B's bed.</p> <p>During record review on 5/13/24 at 1:15 P.M., Resident B's diagnoses included but were not limited to dysphagia, speech and language deficits, and muscle weakness.</p> <p>Resident B's admitted to the facility was 3/29/24.</p> <p>Resident B's Admission MDS (Minimum Data Set), dated 4/4/24, indicated that the resident was cognitively intact, displayed coughing or choking during meals or when swallowing medications, had a feeding tube, and received at least 51 percent of calories through a feeding tube.</p> <p>Resident B's physician orders included but were not limited to enteral feed, every shift with Glucerna 1.5 at 85 ml/hr (milliliters per hour) for 18 hours a day (initiated 4/30/24),</p> <p>flush PEG (Percutaneous Endoscopic Gastrostomy) tube with 200 ml of water (avoid meal times) four times a day (initiated 4/30/24),</p> <p>enteral feed one time a day check and record residual before each feeding, hold if greater than 30 CCs (Cubic Centimeters) and recheck in one hour if held (initiated 5/8/24),</p> <p>tube feeding on one time a day (initiated 5/1/24 at 1:00 P.M.), and tube feeding off one time a day (initiated 5/1/24 at 8:00 A.M.)</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
---	-------	-----------

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 05/14/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident B's medication administration record (MAR) / treatment administration record (TAR) in May 2024, lacked documentation that the physician's orders; enteral feed one time a day check and record residual before each feeding, hold if greater than 30 CCs (Cubic Centimeters) and recheck in one hour if held (initiated 5/8/24) was completed on 5/8/24 and 5/10/24, tube feeding on one time a day (initiated 5/1/24 at 1:00 P.M) was completed on 5/8/25, 5/10/24, and 5/13/24, and flush PEG (Percutaneous Endoscopic Gastrostomy) tube with 200 ml of water (avoid meal times) four times a day (initiated 4/30/24) was not completed on 5/3/24 during the 4th scheduled flush at 10:00 P.M.</p> <p>Resident B's care plan did not include a focus on the resident's feeding tube with resident centered goals and interventions prior to 5/13/24. A care plan focus of resident has cerebral vascular accident (stroke) (dated 4/1/24), with an intervention that included monitor intake to assure an adequate fluid intake to prevent dehydration. If resident is able to eat, make sure diet is the correct consistency to facilitate safe swallowing. If resident is unable to swallow, give enteral feeding as ordered by physician.</p> <p>Resident B's nurse's progress notes included no documentation in May 2024 that the resident had refused physician orders related to his enteral feedings.</p> <p>During an interview on 5/14/24 at 10:05 A.M., RN 3 indicated that Resident B's enteral feeding should be turned on daily at 1:00 P.M.</p> <p>During an observation on 5/14/24 at 1:04 P.M., Resident B was lying in bed. An enteral feeding tube pump and pole was next to the resident's bed, not running.</p> <p>During an observation on 5/14/24 at 2:10 P.M. Resident B was in the therapy department. The resident was not hooked up to an enteral feeding pump.</p> <p>During an interview on 5/14/24 at 2:15 P.M., RN 3 indicated that the resident was not receiving the ordered enteral feeding at that time due to not being able to find a bag to hold the ordered Glucerna feeding. RN 3 indicated that if Resident B refused ordered enteral feeding, the nurse should document the refusal.</p> <p>On 5/14/24 at 2:30 P.M., the Facility Administrator supplied a facility policy titled Care Plans, Comprehensive Person-Centered, dated 09/2022. The policy included, a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . 12. The comprehensive, person-centered care plan is to be completed within 21 days from admission to the facility . The facility administrator also supplied a facility policy titled Gastrostomy/Jejunostomy Site Care, dated 10/2011. The policy included, The purposes of this procedure are to promote cleanliness and to protect the gastrostomy . site from irritation, breakdown and infection. Preparation 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan and provide for any special needs of the resident .</p> <p>This citation relates to complaint IN00434111.</p> <p>3.1-35(a)</p> <p>3.1-35(g)(2)</p>		