

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 06/05/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were disposed of in a timely manner for discharged residents, medications that had been discontinued were disposed of, controlled medications were double locked, refrigerator temperature logs in place, ice removal in refrigerator freezer, a system was in place for documentation of medication disposition, for 2 of 2 medication rooms observed, and 5 of 5 residents reviewed for medications. (Resident D, Resident E, Resident G, Resident H, Resident J, Stocker unit medication room, North/South unit medication room)</p> <p>Findings include:</p> <p>On [DATE] at 8:29 a.m., an observation of the Stocker unit medication room was done. The following was observed:</p> <ol style="list-style-type: none"> 1. The refrigerator containing, but not limited to controlled medications, was observed to have a padlock that was not locked. On [DATE] at 12:33 p.m., the Stocker unit medication refrigerator was observed to have a padlock that was not locked. 2. The refrigerator freezer was observed to have a thick layer of ice with unidentifiable medication packages stuck in the ice. 3. An EDK (emergency drug kit) box in the refrigerator that contained 1 bottle of lorazepam intensol 2 mg (milligram) per ml (milliliter), two vials of lorazepam 2 mg/ml. 4. One bottle of lorazepam intensol 2 mg/ml for Resident H in the refrigerator. Resident H's medication had been discontinued on [DATE]. 5. One bottle of lorazepam intensol 2 mg/ml for Resident Resident G in the refrigerator. 6. A clear plastic cup containing a bottle of lorazepam intensol 2 mg/ml with no resident identifier on the bottle in the refrigerator. The cup had Resident E's name written on it in black marker. Resident E expired at the facility on [DATE]. <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. A tote on the floor contained a bottle of sulfacetamide 10% eye drops, container of polyethylen glycol for Resident D. Resident D had expired at the facility on [DATE].</p> <p>8. A bottle of ocean spray 0.65 % for Resident J. Resident J was discharged from the facility on [DATE].</p> <p>8. The refrigerator did not have a temperature log sheet.</p> <p>9. On [DATE] at 9:00 a.m., an observation of the North/South unit medication room was done. The refrigerator freezer had ice build up.</p> <p>On [DATE] at 8:13 a.m., RN 1 indicated non narcotic medications are collected and put into a tote after a resident is discharged from the facility, usually night shift will take it downstairs to the main medication room for pharmacy to pick up. RN 1 indicated documentation of drug disposition was not being done on non narcotic medications, they were just put in a tote for pharmacy to pick up.</p> <p>On [DATE] at 8:16 a.m., the DON indicated the facility procedure for drug disposition for non controlled medications had been to put them on the counter or in a cardboard box in the medication room to return to pharmacy, documenting for drug disposition was not being done. The pharmacy had told the facility forms were not required for disposition as they were doing the disposition. The DON indicated she had implemented that disposition forms are now to be filled out for medications.</p> <p>On [DATE] at 1:44 p.m., the Administrator provided the current pharmacy policy and procedure with a reviewed date of [DATE]. The policy included, but was not limited to: In accordance with State and Federal laws, manufacturer recommendations or supplier recommendations, the facility must store all medications and biologicals in locked compartments or storage rooms under proper temperature controls .2. The facility is required to secure all medications in a locked storage area and to limit access to only authorized or licensed personnel consistent with state or federal requirements and professional standards of practice. a. storage areas may include, but are not limited to, drawers, cabinets, medication rooms, refrigerators, and carts. b. access to medication(s) may be controlled by keys, security codes or cards, or other technology such as fingerprints .9. controlled medication(s), narcotics, are stored separately from other medications in a locked drawer or compartment designated for that purpose .11. medications(s) requiring storage in a refrigerator are kept at temperatures maintained between .(36 and 46 F) .21. Disposal of medications(s) should be completed for medication(s) that are without secure closure, outdated, contaminated, or deteriorated. a. disposal needs to be timely . b. removed medication(s) immediately from stock .e. document disposal of medication(s) i. include resident name, medication name, strength, prescription number as applicable, quantity, date of disposal, involved personnel, and method of disposal .23. medication storage area conditions are monitored on a monthly basis and corrective action taken if problems identified .</p> <p>This citation relates to Complaint IN00434734.</p> <p>3XXX,d+[DATE](m)</p> <p>3XXX,d+[DATE](o)</p> <p>3XXX,d+[DATE](s)</p>		