

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 04/30/2026
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>Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 1 of 3 residents reviewed for abuse. (Resident B)Finding includes: On 4/28/26 at 9:00 a.m., a state reportable with an incident date of 4/9/26 at 8:32 a.m. was reviewed. The incident included but was not limited to: Brief description of incident: 4/9/26 CNA (Certified Nursing Aide) [CNA 2] used inappropriate language with Resident [Resident B] this morning during the provision of care. Follow up added: 4/15/26 Resident followed through 04/15/26 with no psychosocial distress notes. Follow-up will continue as needed. Verbal abuse substantiated . On 9/4/26 at 9:14 a.m., the Administrator indicated verbal abuse was substantiated after an investigation, he told the agency CNA 2 worked for, she would not be allowed back to the facility to work. On 4/29/26 at 9:38 a.m., the Administrator provided the current abuse policy with a revision date of 9/22. 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 subpart .The facility must not use verbal, mental, sexual, or physical abuse. corporal punishment, or involuntary seclusion. The resident has the right to be treated with respect and dignity .Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish. Abuse also includes the deprivation of an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being .It includes, verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology .This citation relates to Intake 2979415.410 IAC (Indiana Administrative Code) 16.2-3.1-27(b)</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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