

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/31/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155631	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/02/2025
NAME OF PROVIDER OR SUPPLIER  White River Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  3710 Kenny Simpson LN Bedford, IN 47421	
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)		
F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50647</p> <p>Based on observation, interview, and record review, the facility failed to label and discard medications for 1 of 1 medication rooms observed. (Resident 24, Resident 12, Resident 13)</p> <p>Findings include:</p> <p>On 6/2/25 at 11:55 a.m., in the refrigerator of the medication room the following was observed.</p> <p>- Two Ozempic injector pens (an injectable medication used to treat type 2 diabetes, which is a condition that occurs when the body doesn't produce enough insulin), for Resident 24 and Resident 12, were not dated with an open date and/or an expiration date. Resident 24's Ozempic pen had a date of 4/25/25 written on the box. The Director of Nursing (DON) verified there was only one date and could not specify if this was an open or expiration date. Resident 12's Ozempic pen had no date written on the box or pen. The DON verified there was no date on the medication. The DON indicated every medication that was open should have an opened date and an expiration date on the vial or the pen. The DON indicated that Ozempic pens should be discarded 56 days after first use.</p> <p>- A bottle of liquid Omeprazole (a medication used to treat frequent heartburn), for Resident 13, was observed with an expiration date of 5/20/25. The DON verified the date written on the bottle and indicated the medication should have been discarded on 5/20/25. The DON indicated this medication had been discontinued on 5/12/25 and was not currently being administered to the resident.</p> <p>On 6/2/25 at 3:00 p.m., the Administrator provided the facility's policy on Storage of Medications and Biologicals, dated 5/21/18, and indicated it was a current policy being used by the facility. A review of the policy indicated .21. Disposal of medications should be completed for medications that are without secure closure, outdated . The policy did not indicate how to label medications when they were opened. The Administrator indicated she could not find a policy regarding labeling of medications when they were opened.</p> <p>3.1-25(j)</p> <p>3.1-25(o)</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38312</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 2 residents reviewed for urinary catheters. The urinary catheter tubing and drainage bag was touching the floor. (Resident 33)</p> <p>Findings include:</p> <p>On 5/27/25 at 11:03 a.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor and drainage bag on the floor.</p> <p>On 5/28/25 at 10:03 a.m., Resident 33 was observed to be resting in a recliner with the urinary catheter tubing on the floor.</p> <p>On 5/28/25 at 2:05 p.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor.</p> <p>On 5/29/25 at 1:44 p.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor.</p> <p>On 6/2/25 at 12:06 p.m., Resident 33 was observed to be sitting in a recliner with the urinary catheter tubing on the floor.</p> <p>On 5/29/25 at 11:42 a.m., Resident 33's clinical record was reviewed. The diagnoses included, but were not limited to, diabetes mellitus, cerebral infarction (stroke), and neurogenic bladder (condition where the nerves controlling the bladder are damaged).</p> <p>Resident 33's physician order, dated 2/22/25, indicated to change indwelling 14 fr (French) (size of catheter) catheter once a month.</p> <p>The care plan, dated 4/9/25, indicated Resident 33 had urinary retention related to chronic kidney disease. The care plan lacked documentation on placement of the catheter tubing while in the bed or recliner.</p> <p>During an interview on 6/2/25 at 12:35 p.m., CNA 1 indicated at times, Resident 33's urinary catheter tubing was on the floor. The catheter tubing was not to be on the floor.</p> <p>On 6/2/25 at 3:00 p.m., the Administrator provided the facility's policy, Catheter Management, revised date 4/25, and indicated it was the policy currently being used by the facility. A review of the policy indicated, j. collecting bags should always be kept below the level of the bladder, and not resting on the floor .</p> <p>3.1-18(b)(1)</p>		