STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155631	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White River Lodge	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure an order for an as needed (PRN) psychotropic medication was limited to 14 days for 1 of 5 residents reviewed for unnecessary medications. (Resident 3)Findings include:On 3/25/26 at 2:03 p.m., Resident 3's clinical record was reviewed. The diagnoses included, but were not limited to, insomnia and anxiety. A Physician's Order, dated 11/5/25, indicated the resident was prescribed Ativan (an antianxiety medication) 0.5 milligrams (mg) every 8 hours as needed, with no stop date. During an interview on 3/27/26 at 11:45 a.m., the Corporate Administrator Consultant indicated the facility did not limit the use of as needed psychotropics to 14 days. On 3/27/26 at 11:40 a.m., the Administrator provided a copy of the policy, Psychoactive Medication Protocol, revised on April, 2025, and indicated it was the policy currently being used. A review of the policy indicated, .3. the facility must ensure . d. PRN orders for psychotropic drugs are limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicated the duration for the PRN order . 410 IAC (Indiana Administrative Code) 16.2-3.1-48(a)(2)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, interview, and record review, the facility failed to ensure a nasal cannula was not left on the floor for 1 of 1 resident reviewed for respiratory care. (Resident 2)Finding includes:On the following dates and times, the oxygen nasal cannula connected to tubing which was connected to a humidifying oxygen concentrator was observed on the floor in Resident 2's room beside the resident's chair: 3/24/26 at 12:08 p.m.3/25/26 at 10:57 a.m. 3/26/26 at 10:05 a.m.3/26/26 at 2:00 p.m. On the following dates and times, Resident 2 was observed sitting in the chair in her room with the oxygen nasal cannula in her nares: 3/24/26 at 1:30 p.m.3/25/26 at 1:42 p.m.3/26/26 at 11:12 a.m. On 3/25/26 at 9:40 a.m., Resident 2's clinical record was reviewed. The diagnoses included, but were not limited to, atrioventricular block and acute respiratory failure. A current physician's order with a start date of 3/13/26 indicated the resident was receiving continuous oxygen therapy via nasal cannula at 2 liters per minute. During an interview on 3/24/26 at 1:33 p.m., Resident 2 indicated staff put the cannula on for her when she was in her chair, but she did not know if it was cleaned or replaced before being placed in her nares. During an interview on 3/26/26 at 2:04 p.m., the Director of Nursing indicated the resident's nasal cannula should not have been left on the floor. 410 IAC (Indiana Administrative Code)16.2-3.1-47(a)(6)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, interview, and record review, the facility failed to ensure a resident had a dental consult for assessed dental problems for 1 of 1 residents reviewed for dental care. (Resident 13)Finding includes:During an observation on 3/24/26 at 1:33 p.m., Resident 13 was observed to have broken and missing teeth. At that time, she indicated she had not seen the dentist and would like to have her broken teeth pulled for dentures.On 3/26/26 2:18 p.m., Resident 13's clinical record was reviewed. The diagnoses included, but were not limited to, left-sided hemiplegia (paralysis on one side of the body) and atherosclerotic heart disease.The Brief Oral Health Status Examination Assessment Tool, indicated the following:- On 10/21/25, Resident 13 had 1-3 decayed or broken teeth. The assessment indicated she needed referred to the dentist immediately.- On 1/13/26, Resident 13 had 1-3 decayed or broken teeth. The assessment indicated she needed referred to the dentist immediately.The clinical record lacked documentation of a dentist referral after 10/21/25 and 1/13/26 oral assessments.During an interview on 3/27/26 10:26 a.m., the Director of Nursing (DON) indicated Resident 13 oral assessments were completed quarterly. The clinical record lacked documentation of a dental consult after the 10/21/25 and 1/13/26 assessments.On 3/27/26 at 11:25 a.m., the Administrator provided the facility policy, Dental Services, dated 5/2025 and indicated it was the policy currently being used by the facility. A review of the policy indicated, .6a. Although the cumulative score is helpful, individuals who score on items with an asterisk that are underlined should be referred for a dental evaluation and exam and follow-up immediately.410 IAC (Indiana Administrative Code) 16.2-3.1-24(a)