STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155723	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Pointe Health Campus	3001 Galaxy Dr Evansville, IN 47715

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure accurate physicians orders were in the Electronic Medication Administration Record (EMAR), skin assessments were documented as done for one of 3 residents reviewed for hospice. (Resident B) Finding includes: On 5/18/26 at 9:58 a.m., Resident B's clinical record was reviewed. Diagnoses included but were not limited to, chronic systolic (congestive) heart failure, type 2 diabetes mellitus with diabetic neuropathy. Resident B admitted to the facility on [DATE], discharged on 5/16/26.Care plans were reviewed and included but were not limited to:At risk for skin breakdown r/t (related to) generalized weakness, impaired mobility, incontinence. Interventions included but were not limited to:Conduct weekly skin assessment. Pay particular attention to bony prominences, initiated 1/21/25, goal target date 6/28/26. Resident requires hospice care r/t congestive heart failure, date initiated 1/21/25.Physicians orders were reviewed for March, April, May 2026. Orders included but were not limited to:Order set WC (wound care) (Left lateral foot): Cleanse wounds with wound cleanser or normal saline, pat dry, apply skin prep to per-wound, apply collagen and cover with foam dressing. PRN (as needed) if dislodged or soiled. Frequency- Once a day -PRN. special instructions- Change PRN when dressing becomes dislodged or soiled, order date 1/6/26, discontinue date 5/2/26. Order set WC- Observe (Left lateral foot) dressing to open area(s) every shift for draining on dressing and dislodgement. Frequency- Three times a day, order date 1/6/26, discontinue date 5/2/26. The following dates had signatures documented that the dressing was observed in March , April, May, 2026:March - 1-31April- 1- 30May- 1 Wound notes were reviewed and indicated the wound to Resident B's left lateral foot was healed on 2/3/26.The clinical record did not contain documentation that weekly skin assessments were done by nursing staff in 2026. On 5/19/26 at 9:04 a.m., the Assistant Director Of Nursing (ADON) indicated she did not find any weekly skin assessments by the facility on Resident B, typically skin assessments are done by nursing staff. On 5/19/26 at 1:44 p.m., the Executive Director provided the current policy on weekly skin observations with a revised date of 5/14/25. The policy included but was not limited to: The purpose of this policy is to: To monitor the effectiveness of intervention for pressure reduction, identify areas of skin impairments in the early development stage and implement other preventative and/or treatment measures as indicated .1. A full body observation shall be completed weekly by the licensed nurse. 2. Upon admission the admitting nurse shall include as part of the admission orders a weekly skin observation. The order shall read: Weekly skin assessment completed. New treatments and notifications completed for any new areas noted. The date the observation should be completed shall be assigned by the DHS(Director Of Health Services) or designee and indicated by the corresponding date on the treatment administration record,(TAR). 3.The nurse completing the weekly skin check shall indicate the weekly skin assessment is complete .On 5/19/26 at 1:46 p.m., the Executive Director indicated the facility does not have a policy on documentation, they follow the nursing standard of care. This citation relates to Intake 2984172. 410 IAC (Indiana Administrative Code) 3.1-50(a)(1) 410 IAC (Indiana Administrative Code) 3.1-50(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