

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48147</p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity was respected for 2 of 2 random observations. (Resident 24, Resident 31)</p> <p>Findings include:</p> <p>1. On 6/7/24 at 12:08 P.M., RN (Registered Nurse) 21 was observed in the dining room assisting Resident 24 to eat lunch. RN 21 was standing.</p> <p>On 6/11/24 at 10:42 A.M., Resident 24's clinical record was reviewed. Diagnoses included, but was not limited to, Parkinson's disease.</p> <p>The most current Quarterly MDS (Minimum Data Set) Assessment, dated 5/29/24, indicated Resident 24 was rarely or never understood and dependent on staff to eat.</p> <p>On 6/12/24 at 9:27 A.M., the DON (Director of Nursing) indicated that staff should sit to assist residents to eat if they required constant assistance.</p> <p>2. On 6/11/24 at 11:24 A.M., Resident 31 was observed sitting on the toilet with his pants around his ankles. The doors to the bathroom and the hallway were open. Two CNAs (Certified Nurse Aide) were assisting Resident 31 to use the toilet.</p> <p>On 6/12/24 at 8:17 A.M., Resident 31's clinical record was reviewed. Diagnosis included, but was not limited to, Parkinson's disease.</p> <p>The most current Quarterly MDS Assessment, dated 5/4/24, indicated Resident 31 was rarely or never understood and required substantial to maximal assistance of staff (staff does more than half) for toileting</p> <p>On 6/12/24 at 9:27 A.M., the DON indicated staff should provide privacy while assisting a resident to use the toilet. Staff should close one or both doors.</p> <p>On 6/13/24 at 10:34 A.M., the Regional Support Nurse provided a current Resident Rights Guidelines policy, revised on 5/11/17, that indicated Our residents have a right to .privacy .be treated fairly, courteously and with respect by all staff.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-3(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>46758</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident that required assistance with transferring and moving had an order, evaluation, and care plan for the self administration of medication based on 1 of 1 residents reviewed for self-administration of medications.</p> <p>Finding includes:</p> <p>On 6/10/24 at 11:30 A.M., a bottle of Refresh brand eye drops and a bottle of Orajel oral pain analgesic were observed on the bedside tray of Resident 15.</p> <p>On 6/10/24 at 2:24 P.M., a bottle of Refresh brand eye drops were observed on the bedside tray of Resident 15.</p> <p>On 6/11/24 at 2:00 P.M., Resident 15's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease with (acute) exacerbation, emphysema unspecified, and acute and chronic respiratory failure.</p> <p>The current Admission MDS (Minimum Data Set) Assessment, dated 5/16/24, indicated Resident 15 was cognitively intact and needed supervision for transferring and moving.</p> <p>Current physician orders lacked an order for eye drops, oral analgesic, and self-administration of medication.</p> <p>On 6/13/24 at 8:50, the Regional Support Nurse provided a copy of Resident 15's Self-Administration of Medication Assessment completed on 6/7/24. The assessment indicated the resident could self-medicate nebulizer treatments, pills after nurse set up, inhaler, and (medication) antacid after nurse set up. The inhaler could be kept at bedside and all others were to be kept at the nurse's station until set up.</p> <p>During an interview on 6/13/24 at 10:07 A.M., the DON (Director of Nursing) indicated a resident was expected to have a care plan and an order if the resident self-medicated.</p> <p>During an interview on 6/13/24 at 10:25 A.M., the DON indicated there was no care plan for self-administration of medication for Resident 15.</p> <p>On 6/13/24 at 10:20 A.M., the DON provided a current Guidelines for the Self-Administration of Medications policy, dated 12/31/23. The policy indicated . the results of the assessment will be presented to the physician for evaluation and an order for self-medication. The order should include the type of medications the resident is able to self-medicate .</p> <p>3.1-11(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48147</p> <p>Based on observation, interview, and record review, the facility failed to notify the attending physician for 1 of 1 residents reviewed for skin conditions. The physician was not notified of new skin tears and orders for wound care were not obtained. (Resident 31)</p> <p>Finding includes:</p> <p>On 6/7/24 9:54 A.M., Resident 31 was observed to have two dressings on his left arm.</p> <p>On 6/10/24 at 12:54 P.M., a family member indicated Resident 31 had skin tears on his left arm due to shearing from the wheelchair.</p> <p>On 6/12/24 at 8:17 A.M., Resident 31's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's disease and Alzheimer's disease.</p> <p>The most current Quarterly MDS (Minimum Data Set) Assessment, dated 5/4/24, indicated Resident 31 was rarely or never understood, required substantial to maximal assistance (staff does more than half) for transfers, and did not have any skin conditions or issues.</p> <p>The clinical record lacked physician orders, care plans, assessments, and an Event form related to the two wounds on Resident 31's left arm.</p> <p>On 6/12/24 at 8:59 A.M., the Wound Nurse indicated Resident 31 had two skin tears on his left arm that she found during a skin assessment on 6/3/24. When she found them, they had steri-strips on them and she changed the dressing at that time to a foam border. She was unsure how he got the skin tears and who applied the steri-strips. She monitored the skin tears and changed the dressings every 5 days. At that time, she was unable to find orders related to the skin tears on the resident's left arm. She indicated she must have forgotten to put an event into the chart and had been monitoring the skin tears on her own.</p> <p>On 6/13/24 at 8:50 A.M., the Regional Support Nurse provided a current Comprehensive Care Plan Guideline policy, dated 5/22/18, that indicated Acute problems that arise with the resident and are expected to be resolved within a short time frame will be addressed on the Event form specific for that problem.</p> <p>On 6/13/24 at 9:20 A.M., the Regional Support Nurse provided a current Bruise, Rash, Lesion, Skin Tear, Laceration Assessment Guidelines policy, dated 5/10/16, that indicated Complete one event for each Skin Tear/Laceration.</p> <p>On 6/13/24 at 10:34 A.M., the Regional Support Nurse provided a Notification of Change in Condition policy, dated 5/10/16, that indicated The resident's representative/provider should be notified of change in condition or diagnostic testing results in a timely manner . Documentation of notification or notification attempts should be recorded in the resident's electronic health record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/13/24 at 10:38 A.M., the Regional Support Nurse indicated a timely manner would be within the shift.</p> <p>3.1-5(a)(3)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48147</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement care plans for 1 of 2 residents reviewed for ADLs (Activities of Daily Living) and 1 random observation. (Resident 31, Resident 15)</p> <p>Findings include:</p> <p>1. On 6/10/24 at 12:54 P.M., a family member indicated staff transferred Resident 31 by grasping on to his shoulders which caused the resident pain. A gait belt was used while the resident was at home, but staff do not use the gait belt at the facility.</p> <p>On 6/11/24 at 11:24 A.M., Resident 31 was observed sitting on the toilet with CNA (Certified Nurse Aide) 3 and CNA 5 assisting him. The resident did not have a gait belt around his torso. At that time, the CNAs could not locate the gait belt and asked, where's the gait belt. The CNAs located a gait belt and transferred the resident from the toilet to his wheelchair. At that time, a family member indicated Oh. They are using the gait belt this time.</p> <p>On 6/12/24 at 8:17 A.M., Resident 31's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's disease and Alzheimer's disease.</p> <p>The most current Quarterly MDS (Minimum Data Set) Assessment, dated 5/4/24, indicated Resident 31 was rarely or never understood and required substantial to maximal assistance (staff does more than half) with toilet transfers.</p> <p>A decline in functional status care plan, dated 10/17/23, indicated Resident 31 required assistance of 2 for transfers.</p> <p>Current physician's orders included, but were not limited to, the following:</p> <p>Activity: Assist x 2 for transfers, dated 10/17/23</p> <p>A nursing progress note, dated 5/21/24 at 12:19 P.M., indicated that family noted bruising on the resident's bilateral upper arms that were reddish purple in color which might have happened during 2 person transfers. Hospice was made aware of the bruising and staff were encouraged to use a gait belt with transfers.</p> <p>On 6/12/24 at 9:27 A.M., the DON (Director of Nursing) indicated if a resident required assistance of 2 staff for transfers, a gait belt should be used.</p> <p>46758</p> <p>2. On 6/10/24 at 11:30 A.M., a bottle of (Name of medication) eye drops and a bottle of (Name of medication) oral analgesic was observed on the bedside tray of Resident 15.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/10/24 at 2:24 P.M., a bottle of (Name of medication) eye drops was observed on the bedside tray of Resident 15.</p> <p>On 6/11/24 at 2:00 P.M., Resident 15's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease with (acute) exacerbation, emphysema unspecified, and acute and chronic respiratory failure.</p> <p>The current Admission MDS (Minimum Data Set) Assessment, dated 5/16/24, indicated Resident 15 was cognitively intact and needed supervision for transferring and moving.</p> <p>The clinical record lacked orders and a care plan for self-administration of medication.</p> <p>On 6/13/24 at 8:50, the Regional Support Nurse provided a copy of Resident 15's Self-Administration of Medication Assessment completed on 6/7/24.</p> <p>During an interview on 6/13/24 at 10:07 A.M., the DON (Director of Nursing) indicated a resident was expected to have a care plan and an order if resident self-medicated.</p> <p>During an interview on 6/13/24 at 10:25 A.M., the DON indicated there was no care plan for self-administration of medication for Resident 15.</p> <p>On 6/12/24 at 9:52 A.M., the DON provided a Caregiver New Hire Checklist, dated 3/22/23, that indicated all CNAs were trained on the use of gait belts upon hire to the facility.</p> <p>On 6/12/24 at 9:52 A.M., the DON provided a current Guidelines for Gait Belt Use policy, dated 5/10/17, that indicated If a resident requires more than limited assists and does not require a lift, a gait belt may be used with transfers.</p> <p>On 6/13/24 at 8:50 A.M., the Regional Support Nurse provided a current Comprehensive Care Plan Guideline policy, dated 5/22/18, that indicated Care plan interventions should be reflective of risk area(s) or disease processes that impact the individual resident . Comprehensive care plans need to remain accurate and current.</p> <p>On 6/13/24 at 10:20 A.M., the DON provided a current policy Guidelines for the Self-Administration of Medications dated 12/31/23. The policy indicated there should be a .Self- Medication plan of care initiated and updated as indicated .</p> <p>3.1-35(a)</p> <p>3.1-35(b)(2)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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>38770</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper storage of medications for 1 of 2 medication carts observed and 2 of 2 medication storage rooms observed. Loose pills were observed in a medication cart, a medication refrigerator was observed propped open with a temperature out of range, and medication refrigerator temperature logs were not filled out completely. (300 Hall Medication Cart, 300 Hall Medication Storage Room, 400 Hall Medication Storage Room)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/7/24 at 9:38 A.M., the 300 Medication Cart was observed with the following loose pills: <ul style="list-style-type: none"> 1 oblong yellow pill with marking 151 1 white round pill with marking D5 1 clear gel capsule with no markings 1 round yellow pill with marking RP101 3 round yellow pills with marking G127 1 round white pill with marking GC422 4 round brown pills with marking 08075 1 round pink pill with marking RP101 2 round white pills with no marking 1 oblong cream pill with marking J75 1 oblong white pill with marking KCM20 1 oblong lavender pill with no marking 1 round white pill with marking 502 1 round pink pill with marking 20 on one side and CUP/N on the other side 1 round peach pill with marking 1717 1 round red pill with no marking <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2 blue half pills with no marking</p> <p>1 round white pill with marking RX52B</p> <p>1 round pink pill with marking L26</p> <p>1 off-white capsule with no marking</p> <p>1 white capsule with marking 216</p> <p>1 oblong white pill with marking VF on one side and 41 on the other side</p> <p>1 round white pill with marking 500</p> <p>At that time, Registered Nurse (RN) 21 indicated nursing staff was responsible for cleaning the medication carts.</p> <p>2. On 6/7/24 at 9:52 A.M., the 400 Hall Medication Storage Room was observed. The medication refrigerator was observed cracked open and the temperature reading on the inside of the refrigerator was 54 degrees Fahrenheit. At that time, a sign was observed posted on the outside of the refrigerator that indicated temperatures should be kept between 36 and 46 degrees Fahrenheit. The temperature log at that time was observed to be not filled out from June 1st through the 4th.</p> <p>On 6/7/24 at 2:00 P.M., the 400 Hall Medication Storage Room was observed with the medication refrigerator reading 34 degrees Fahrenheit. RN 9 indicated the temperature was too low and adjusted it.</p> <p>3. On 6/7/24 at 10:02 A.M., the 300 Hall Medication Storage Room was observed. The most recent temperature log that was posted was dated May 2024 and lacked temperatures on 5/28/24, 5/29/24, and 5/30/24. A current month temperature log was not posted. At that time, the Unit Manager indicated there should have been a temperature log for June posted and would look for it and provide it. The June temperature log was not provided.</p> <p>The following medications were observed sitting on a shelf in the 300 Hall Medication Storage Room cabinet:</p> <p>1 bottle of bisacodyl 5mg with no label and expiration date of 5/23</p> <p>1 bottle of glucose tabs with no date or label</p> <p>1 bottle of escitalopram 5mg, belonging to Resident 10</p> <p>1 bottle of amlodipine 10mg, belonging to Resident 10</p> <p>4 bottles of glimepiride 4mg, belonging to Resident 10</p> <p>2 bottles of PreserVision AREDS with no label</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At that time, the Unit Manager indicated Resident 10 had come to that unit from the Assisted Living side of the facility and had probably brought those medications with her. She indicated the medications should have been disposed of, and any nurse that observed them in the medication storage room could have done it.</p> <p>On 6/10/24 at 11:21 A.M., the Administrator provided a current Medication Storage in the Facility policy, dated 11/18, that indicated Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier . Medications and biologicals are stored at their appropriate temperatures and humidity according to the United States Pharmacopeia guidelines for temperature ranges . Medications requiring refrigeration are kept in a refrigerator at temperatures between 2 C (36 F) and 8 C (46 F) . The Facility should maintain a temperature log in the storage area to record temperature at least once a day.</p> <p>On 6/11/24 at 1:17 P.M., the Director of Nursing (DON) provided a current Disposal of Medications and Medication-Related Supplies policy, dated 11/18, that indicated Discontinued medications and medications left in the facility after a resident's discharge, which do not qualify for return to the pharmacy for credit, should be destroyed, given to the appropriate family member/responsible party, or returned to the pharmacy for destruction where permitted by regulations.</p> <p>3.1-25(m)</p> <p>3.1-25(o)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46758</p> <p>Based on observation and interview, the facility failed to ensure staff were following proper infection control protocols during 3 of 3 random observations. Staff were not changing gloves after performing care and were entering and exiting Enhanced Barrier Protection (EBP) rooms without donning and doffing Proper Protective Equipment (PPE). (Resident room [ROOM NUMBER]-unit, Resident 31, Resident 19)</p> <p>Findings include:</p> <p>1. On 6/12/24 at 8:50 A.M., during a random observation of toileting, CNA (Certified Nurse's Aide) 25 was observed touching a resident's clothes without changing gloves after performing care.</p> <p>48147</p> <p>2. On 6/11/24 at 11:24 A.M., CNA (Certified Nurse Aide) 3 and CNA 5 were observed assisting Resident 31 to use the toilet. CNA 3 and CNA 5 had on gloves. The resident was assisted to stand. CNA 3 wiped the resident's buttocks with toilet paper and pulled up his pants. At that time, CNA 3 did not change her gloves. CNA 3 retrieved the resident's wheelchair from outside the bathroom. CNA 3 and CNA 5 transferred the resident to his wheelchair. CNA 3 cleaned up the bathroom and emptied the trash and then removed her gloves.</p> <p>On 6/12/24 at 11:37 A.M., the DON (Director of Nursing) indicated staff should change their gloves after cleaning a resident and between dirty and clean tasks.</p> <p>38770</p> <p>3. On 6/14/24 at 9:30 A.M., Certified Nurse Aide (CNA) 3 and CNA 5 were observed to enter Resident 19's room. At that time, a sign on the outside of the door indicated the resident was on enhanced barrier precautions (EBP) and required staff to put on a gown and gloves when providing care and making direct contact with the resident. Resident 19 indicated to both CNAs that he wanted to be adjusted in the bed. CNA 3 and CNA 5 were observed from the hall to assist the resident to adjust in the bed without putting on gloves or a gown. After the aides left the room, Resident 19 indicated the aides did not put on a gown or gloves when providing care for him.</p> <p>On 6/10/24 at 1:57 P.M., Resident 19's clinical record was reviewed. Diagnosis included, but was not limited to, obstructive uropathy and renal insufficiency. The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 4/29/24, indicated a mild cognitive impairment, substantial to maximal assistance with bed mobility, and no behaviors or rejection of care.</p> <p>Current physician orders included, but were not limited to:</p> <p>Staff to use enhanced barrier precautions, wearing a gown and gloves at minimum during high-contact care activities (related to urinary catheter), dated 4/3/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current enhanced barrier precautions care plan, dated 4/1/24, indicated EBP was required during high-contact care related to presence of an indwelling catheter.</p> <p>On 6/11/24 at 1:06 P.M., the Director of Nursing (DON) provided a current EBP policy, dated 4/1/24, that indicated Personal Protective Equipment (PPE) should be used even if blood and body fluid exposure is not anticipated . At minimum, staff shall wear gloves and gowns during high-contact care activities.</p> <p>On 6/13/24 at 10:20 A.M., the DON (Director of Nursing) provided a current Standard Precautions Guidelines policy revised on 12/31/23. The policy indicated .Standard precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered .standard precaution include but are not limited to hand hygiene, .the proper use of PPE (example gloves, gown,) .in addition to proper hand hygiene, it is important for staff to use appropriate protective equipment as a barrier to exposure to any body fluids (whether known to be infected or not) .</p> <p>3.1-18(b)</p> <p>3.1-18(j)</p> <p>3.1-18(l)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>38770</p> <p>Based on interview and record review, the facility failed to ensure education was provided prior to administering flu vaccines for 5 of 5 residents reviewed for vaccines. (Resident 27, Resident 12, Resident 12, Resident 29, Resident 30)</p> <p>Findings include:</p> <p>On 6/10/24 at 8:41 A.M., resident vaccine information was reviewed for the following residents:</p> <ol style="list-style-type: none"> 1. Resident 27 received a flu vaccine on 10/4/23. The clinical record lacked information about education provided to the resident and/or resident representative prior to administering the vaccine. 2. Resident 13 received a flu vaccine on 10/4/23. The clinical record lacked information about education provided to the resident and/or resident representative prior to administering the vaccine. 3. Resident 12 received a flu vaccine on 10/4/23. The clinical record lacked information about education provided to the resident and/or resident representative prior to administering the vaccine. 4. Resident 29 received a flu vaccine on 10/4/23. The clinical record lacked information about education provided to the resident and/or resident representative prior to administering the vaccine. 5. Resident 30 received a flu vaccine on 10/4/23. The clinical record lacked information about education provided to the resident and/or resident representative prior to administering the vaccine. <p>On 6/12/24 at 10:37 A.M., the Director of Nursing (DON) indicated she had administered the flu vaccines this season and was unaware that education for the flu vaccine was needed annually prior to administration.</p> <p>On 6/7/24 at 2:00 P.M., the Administrator provided a current Influenza Immunization policy, dated 4/12/17, that indicated Each resident/responsible party will be provided annually with information regarding the risk and benefits of influenza vaccine and receive the immunization per their request, unless medically contraindicated.</p> <p>3.1-13(a)</p>		