

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  River Terrace Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Caylor Blvd Bluffton, IN 46714	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on a record review and interview, the facility failed to ensure discharge paperwork related to the bed hold policy was completed, for 1 of 3 resident reviewed. (Resident 30) Findings include: On 12/3/25 at 8:57 AM, Resident 30's record was reviewed. Medical diagnosis included Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing. A review of Resident 30's census list, indicated the resident was transferred out to the hospital, effective date 8/5/25 at 2:30 PM. A review of the nurse progress notes indicated the following: On 8/5/25 at 2:16 PM, the physician sent a text and gave a new order to send Resident 30 to the emergency room for hemoglobin of 5.2, resident was aware and in agreement with the plan. On 8/5/25 at 2:32 PM, Register Nurse (RN) 3, called the hospital to inform them Resident 30 was headed their way. RN 3 also tried calling the family but there was no answer and no option to leave a voicemail. There were no progress note to indicate the facility informed the family or resident of the bed hold policy. In an interview, on 12/3/25 at 9:59 AM, the Director of Nursing (DON) indicated she could not find any discharge paperwork for Resident 30. She indicated they just didn't have it. A current facility policy, Bed Holds and Returns, dated 10/22, was provided by the DON on 12/3/25 at 11:44 AM. The policy indicated .All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: notice 1: well in advance of any transfer (e.g. in the admission packet); and notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours) This citation is related intake 26297673.1-12(a)(25)(26)</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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