STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155785	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West River Health Campus	714 S Eickhoff Rd Evansville, IN 47712

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete the required discharge documentation. Transfer/Discharge documentation was left blank and incomplete. (Resident B) Finding includes: On 6/4/25 at 1:04 p.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, aphasia, dysphagia, oropharyngeal phase. An admission Minimum Data Set (MDS) assessment dated [DATE], indicated Resident B's cognition was intact. Resident B admitted to the facility on [DATE] and discharged on 5/7/27. Care plans were reviewed and included but were not limited to: Resident plans to return to previous living environment after successful completion of his rehab program, start date 4/24/25, goal target date 7/3/25. Approaches included but were not limited to: Discharge planning upon admission and prn (as needed) thereafter, start date 4/24/25. A Notice of Transfer or discharge date d 5/7/25, was reviewed. The form included but was not limited to: Reason for Transfer or Discharge (Must select one of the reasons below.) No reason was selected from the menu. The facility had written on the form Resident Request. A physicians order was reviewed with a received date of 5/6/25, start date 5/7/25. The order description indicated - Ok to discharge. The discharge reason indicated- discharged . A documentation provided by the facility dated 5/6/25 nurse triage call center, included but was not limited to: Reason for Disposition - orders to transfer received Affirmative: MD order Disposition of Nursing Home Care Advice suggested. Note: Ok to discharge - please be sure they send records (continued on next page)

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Visit diagnoses- none Anticipated discharge date : [DATE] Anticipated discharge to : [name of nursing home facility] The clinical record did not contain other information by the physician related to Resident B's discharge. On 6/4/25 at 12:38 p.m., the Clinical Support Nurse indicated the reason on the Transfer or Discharge form was not selected due to none of the reasons listed seemed to fit, so one was written in. On 6/4/25 at 12:59 p.m., the Clinical Support Nurse provided the current policy for transfer and discharge with a revision date of 5/3/17. The policy included but was not limited to: .b. Record the reasons for, the effective date of transfer or discharge, and the location to which the resident is being transferred in the medical record and on a discharge form or a letter. Give a copy of the discharge notice to the resident and his/her family legal representative . g. The physician should document medical reasons for transfer or discharge in the medical record when the reason for transfer is for any reason other than nonpayment of the stay or the facility ceasing to operate. A copy of the physicians's order for discharge should be attached to the discharge notice . This citation relates to Complaint IN00459530. 3.1-36(a)(2)