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	08/15/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a resident with medications observed at bedside during 2 random observations had a self-administration of medication assessment, physician orders, and a care plan for self-administration of medication. (Resident 27)Findings include On 8/12/25 at 11:32 A.M., during a random observation of Resident 27's room the following was observed over the bedside table:1 tube of Volteran Cream1 bottle of Dry Eye drops with no name1 bottle of Saline Drops with no name1 bottle of Vicks Vapor Rub with no name1 large, white pill with the number 196 On 8/13/25 at 9:15 A.M., during a random observation, the following was observed on Resident 27's over the bed table:1 tube of Volteran Cream1 bottle of Dry Eye drops with no name1 bottle of Saline Drops with no name On 8/13/25 at 8:56 A.M., Resident 27's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type 2 with diabetic kidney disease and hypertensive heart and chronic kidney disease with heart failure. The Current admission Minimum Data Set (MDS) dated [DATE] indicated Resident 27 was cognitively intact. Resident 27 is a set up for eating and needs moderate help with hygiene and dressing. The clinical record lacked an order for self-administration and assessment. A care conference was conducted on 7/9/25 and there was no care plan for self-administration of medications.During an interview on 8/14/25 at 8:24 A.M., the Director of Nursing (DON) indicated there should be no medications at the resident's bedside unless there was an order and a self-medication assessment completed.On 8/13/25 at 11:36 A.M., the Administrator provided a current policy Guidelines for Self-Administration of Medications dated 5/22/18. The policy indicated residents will have an .Trilogy- Self Administration of Medication within the electronic health record. 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 medication(s) the resident is able to self- medicate .3.1-11(a)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's plan of care was followed by providing assistance during transfers for 1 of 1 residents reviewed for falls. (Resident F) Finding includes: On 8/13/25 at 10:38 A.M., Resident F's clinical record was reviewed. Resident F was admitted on [DATE]. Diagnoses included, but were not limited to, dementia. The most recent Significant Change Minimum Data Set (MDS) Assessment, dated 6/25/25, indicated Resident F was severely cognitively impaired, required partial assistance from staff for bathing and toileting (staff do half of the work), and required supervision from staff for transfers. During an anonymous interview on 8/12/25 at 8:15 A.M., it was indicated that Resident F had fallen on 8/2/25 where family viewed the fall through a camera and called the facility to notify staff of the fall, and staff were not assisting the resident during toileting or transfers. Physician orders included, but were not limited to: Macrobid (antibiotic medication) capsule; 100 mg (milligrams) oral, take one capsule by mouth twice a day for seven days for urinary tract infection (UTI); start date 8/1/25 Current care plan included, but was not limited to: Resident is at risk for falling related to weakness and immobility, staff to assist resident with transfers as needed; start date 6/22/24 A nursing progress note, dated 7/25/25 at 10:28 A.M., indicated Resident F had trouble transferring out of bed. After several minutes resident was transferred to wheelchair with assistance from two staff members. An event report, dated 7/31/25, indicated Resident F experienced confusion and falling as symptoms of a UTI. Point of care (POC) responses in the medical record were reviewed. The following indicated staff's responses to assisting Resident F with toileting and transfers the day of the fall: 8/2/25 at 10:41 A.M.: How did resident use the toilet? Independent; Staff support provided for toileting? No setup or physical help from staff 8/2/25 at 10:41 A.M. How did the resident transfer? Independent; Staff support provided for transferring? No setup or physical help from staff;What appliances or assistive devices were used for transferring? None During an interview on 8/14/24 at 11:15 A.M., Certified Nurses Aide 4 (CNA) indicated that Resident F required assistance of one for transfer and toileting. During an interview on 8/15/25 at 9:13 A.M., The Director of Nursing (DON) indicated Resident F was typically independent, only required staff assistance while having a UTI, and the care plan level of assistance was accurate in stating Resident F needed assistance with transfers. On 8/15/25 at 11:55 A.M., the Administrator provided a policy titled Comprehensive Care Plan Guidelines, dated 5/18, that indicated Goals should be measurable and attainable, interventions should be reflective of the individual's needs; Comprehensive care plans need to remain current and accurate 3.1-35(a)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, record review, and interview, the facility failed to provide a safe environment free of pests based on 2 random observations of ants in the resident bathroom and air conditioner during the survey. (Resident 27)Findings include:1. On 8/12 at 11:27 A.M., during a random observation, a moderate amount of small, black ants were observed in Resident 27 rest room along the base of the toilet, bathroom wall, and air conditioner. Resident indicated that facility was to spray for the ants. 2. On 8/13/25 at 8:31 A.M., during a random observation a moderate amount of small, black ants were observed in Resident 27's restroom. The ants were noted to be around the base of the toilet and along the wall. Resident 27 indicated that her son killed a larger cricket last night. The resident had food in drawers and each were indivually sealed. During an interview on 8/15/25 at 9:42 A.M., with Licensed Practical Nurse (LPN) 15 there should be no bugs in resident rooms. On 8/15/25 at 10:46 A.M., the Administrator provided a current policy Pest Control dated 8/8/18. The policy indicated . the facility maintains an ongoing pest control program to ensure the building is kept pes free . 3.1-19(f)(4)