STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155849	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Terrace Health Campus	120 Presbyterian Ave Madison, IN 47250

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review and interview, the facility failed to ensure the kitchen was clean and in good repair for 2 of 2 observations. This deficient practice had the potential to affect 44 of 44 residents who received meals from the kitchen.Findings include:During the initial tour of the kitchen on 3/2/26 at 10:20 a.m., the following concerns were observed:Under the right long rack and center rack, next to the wall in the walk-in freezer, there were a handful of frozen french fries on the floor.The outside of the six white bins holding sugar, oatmeal, thickener, bread flour, bread crumbs, and all purpose flour, had brown dirt and streaks going down the front, back and sides of the bins.The inside shelf of the deep fryer had a moderate amount of yellow crumbs on the inside shelf above the oil. Around the outside front, and both sides of the fryer had heavy grease streaks which ran the length of the fryer.The left oven had a moderate build-up of orange brown spills on the inside bottom and oven door.The inside of the hot box (where the cooks put the hot items they have just finished cooking to keep warm) on all three sides and the tray shelves had a moderate amount of orange brown spills.The floor under the left sink of the 3 compartment sink had an area which measured 3 feet by 2 feet of soap suds. This area extended out from the drain to the front of the sink. In an interview with the Dietary Manager on 3/5/26 at 10:15 a.m., he indicated the soap suds were probably from the sink which overflowed with suds on to the floor.The shelf under the dishwasher held the red buckets used for wiping down counters, the shelf had a heavy amount of white and orange spots.The water faucet above the garbage disposal had a heavy dripping from it even after it was tightened.The top of the dishwasher had a heavy build-up of lime and food particles.Inside doors and the strip of underneath the convection oven where the doors closed had a heavy build-up of dark brown dried on grease.2. During the second observation of the kitchen, while accompanied by the Dietary Manager, on 3/5/26 at 9:55 a.m., the following concerns were identified:The same issues identified on 3/2/26 at 10:20 a.m., remained a concern with the exception of the walk-in freezer as the frozen French fries had been picked up. The left oven which had the moderate build-up of orange brown spills inside and on the oven door had been cleaned up and the soap suds on the floor under the 3 compartment sink were also cleaned up.The faucet to the 2 compartment sink had a heavy dripping from it even after it was tightened.The complete inside of the 3 compartment sink had a heavy amount of white and brown streaks which was greasy to the touch and able to be wiped clean.The grill grates had a very heavy accumulation of black crust on them.The wall behind the grill had multiple brown orange streaks which ran the length of the wall downward.The steel shelf just below the hood vents above the grill and stove had a heavy accumulation of brown grease.The Dietary Manager indicated at this time, that Maintenance had fixed the faucet to the 3 compartment sink before, but he had not notified them of it or the 2 compartment sink faucets leaking The Evening and Morning Cooks Checklist, for 2/25/26 to 2/27/26 and for 3/2/26 to 3/5/26, indicated the following task had been completed: Hot Box had been wiped out daily with no build up.The Morning [NAME] had cleaned the hood vents on 2/25/26 and 3/4/26. The grill grates were due to be cleaned and scraped on 3/6/26. It was last cleaned on 2/27/26.The Morning [NAME] was assigned to wipe down the wall behind the fryer and oven, including the top piece by the vents sometime on 3/5/26. It was last cleaned on 2/26/26.The Evening (continued on next page)

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and Morning Aides Checklist, for 3/2/26 to 3/4/26, indicated the compartment sinks had been cleaned out in the dish area daily.The Prep Check List, for 3/2/26 to 3/4/26, indicated the ovens had been wiped out inside and out with no residue on 2/25/26 and 3/4/26.The review of the facility's current policy on Cleaning List Completion and Storage SOP (standard operating procedure) included, but was not limited to, Purpose: The purpose of this Standard Operating Procedure (SOP) is to provide clear instructions for the completion and storage of cleaning list in the (name of Hardware) software.Procedure:.Using manufacturer suggested procedure and protocols, Directors will create daily and weekly checklist for employees to complete on a daily basis to cover all aspects of standard cleaning and maintenance within the department.410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure the medical provider addressed the consultant pharmacist's recommendations for 2 of 45 residents reviewed for Drug Regimen Review. (Residents 36 and 44)Findings include:1.The record for Resident 36 was reviewed on 3/3/26 at 1:50 p.m., The resident's diagnoses included, but were not limited to, Alzheimer's disease with late onset (a progressive irreversible neurological disorder that destroys memory, thinking skills, and eventually the inability to perform simple tasks); major depressive disorder (a serious mental health condition characterized by at least 2 weeks of persistent severe sadness, loss of interest, and fatigue, which significantly disrupt daily life); hallucinations (seeing, hearing, smelling feeling things that seem real but are created by the mind without external stimuli) and tremors (an involuntary quivering moment). The Consultant Pharmacist Review, dated 2/9/26, indicated the resident was admitted on [DATE] with a physician's order for Propranolol Tablet (for tremors). The resident was prescribed 1 tablet by mouth once daily. The hospital records indicated the resident should be on the Extended Release Capsule. The facility needed to clarify the order. To the provider, he indicated for the recommendations be responded to according to the regulation: the resident was a hospice resident with protocol anxiolytic/hypnotic orders for PRN (as needed) Lorazepam Concentrate (for anxiety and restlessness) 2 MG (milligrams) per milliliter. The Federal regulations require that all PRN psychoactives (non-antipsychotics) initially be limited to 14 days (regardless of the Hospice status). The order may be extended, by a prescriber, if the following two conditions are met and documented in the chart: 1. Rationale for extending the order beyond the 14 days. 2. How long the order was to remain an active order by providing a stop date. Neither of the recommendations had been responded to by the facility and or the provider. The admission Minimum Data Set (MDS) assessment, dated 2/10/26, indicated the resident had short and long term memory issues, had poor recall, and was severely impaired in cognitive skills for daily decision making. Had trouble concentrating, frequently short tempered and easily annoyed, had occasional behaviors towards others, put others at significant risk for physical injury and disrupted care and living environment, occasional rejection of care; had no hallucinations or delusions; and used anti-psychotic, anti-depressant and anti-anxiety medications daily. The psychotropic medications were contraindicated for reduction. The care plan, dated 2/10/26, indicated the resident demonstrated significant cognitive deficits with further deterioration due to the nature of the disease process. The approaches included, but were not limited to, reorient resident to activity and task; medications per orders; and observe cognitive functioning with care and contact and to refer significant decline or change to the physician as needed. The care plan, dated 2/10/26, indicated the resident demonstrated inappropriate behaviors including, biting, hitting, urinating on the floor and putting self on the floor. The approaches included, but were not limited to, determine the cause for the inappropriate behavior and to refer to the physician as needed for intervention; observe for what triggered the inappropriate behaviors and alter the environment as needed. The Consultant Pharmacist Fall Review, dated 2/17/26, indicated the following recommendation: A fall review was performed for the resident for a falls that occurred on 2/15/26. After evaluation, please consider the following: Resident had a history of 2 or more falls which occurred in the last 2 days and was receiving the benzodiazepine: Lorazepam PRN. Please add buspirone 5 mg bid (twice daily) to help control anxiety and restlessness and attempt to reduce the risk for future falls. There was no response from the physician related to the buspirone. During an interview with the Director of Health Services (DHS), dated 3/4/26 at 10:15 a.m., she indicated the recommendations had not yet been addressed by the physician since he was on vacation when the resident arrived. The review of the record for Resident 36, on 3/4/26 at 2:10 p.m., indicated the physician made his rounds that afternoon. The physician responded to the recommendation by (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	denying the request to add buspirone and increased the resident's Seroquel. 2. The record for Resident 44 was reviewed on? 3/5/26 at 8:50 a.m. The resident's diagnoses included, but were not limited to. Alzheimer's dementia late onset, severe Parkinson's (a neurodegenerative disorder that destroys dopamine cells) and essential hypertension (high blood pressure). The admission MDS assessment, dated 1/14/26, indicated the resident had long and short memory issues; had poor recall; and was severely impaired for cognitive daily decision making. He had periods of inattention with an altered level of conscious which fluctuated. The resident required maximum to dependent assistance for all ADLSs, mobility and transfers. He also had no impairment in functional range of motion to bilateral upper and lower extremities and no falls prior to or after admission. A Consultant Fall Drug Review, dated 2/9/26, indicated the resident was receiving Oxybutynin for overactive bladder or urinary incontinence. This medication was not recommended for use in older adults due to the risk of increased sedation and anticholinergic effects. Documentation in the medical records indicated the resident was frequently incontinent. Please consider discontinuing. If Oxybutynin was continued, please provide risk versus benefit analysis for clinical rationale. 2/9/26 Pharmacy Drug Review for Fall: indicated to please see recommendations and respond according to the recommendation: the resident was receiving Oxybutynin for overactive bladder or urinary incontinence. This medication was not recommended for use in older adults due to risk of increased sedation and anticholinergic effects. Documentation in the medical records indicated that resident was frequently incontinent. Please consider discontinuing. If Oxybutynin was continued, please provide risk versus benefit analysis for clinical rationale. A Consultant Pharmacy Monthly Review, dated 2/20/26, indicated please take the following action: the resident had an order for daily donepezil (Aricept). Please change the hour of administration of this medication to bedtime per manufacturer's recommendation to minimize side effects. Neither recommendation had been responded to by the physician until 3/4/26 when the physician gave new orders for the Oxybutynin to be discontinued and to change the time of administration of donepezil from daytime to nighttime. The review of the facility's current policy, dated 12/16/24, on Pharmacy Recommendations Standard Operating Procedure, included, but was not limited to, Pharmacy Consultants will provide pharmacy recommendations to the campus and/or physician through the Pharmacist Drug Regimen Review observation.Campus will address pharmacy recommendations by: 1. Print open pharmacy recommendations and give them to the provider. 2. The medical provider will respond to the recommendation and sign. 3. Campus staff will update the observation in the EHR (electric health record), and mark as complete. 4. Update orders if appropriate. Scan the signed copy into the chart. 410 IAC (Indiana Administrative Code) 16.2-3.1-25(i)