STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155854	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North River Health Campus	811 E Baseline Road Evansville, IN 47725

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48147 Based on interview and record review, the facility failed to ensure the MDS (Minimum Data Set) assessment was completed accurately for 1 of 1 residents reviewed for restraints. (Resident 27) Finding includes: On 4/15/24 at 2:23 P.M., a family member indicated restraints had never been used on Resident 27 that she was aware of. On 4/16/24 at 11:00 A.M., Resident 27's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and anxiety disorder. The most recent Quarterly MDS Assessment, dated 2/16/24, indicated Resident 27 had severe cognitive impairment, had no behaviors, and that physical restraints were used less than daily during the 7-day look back period. The clinical record lacked care plans, orders, assessments, and progress notes related to the use of physical restraints. On 4/17/24 at 9:35 A.M., the MDS Coordinator indicated that restraints used less than daily was marked in error on the 2/16/24 Quarterly MDS Assessment. She further indicated the facility did not use restraints on any resident. On 4/19/24 at 10:51 A.M., the Administrator indicated the facility follows the RAI (Resident Assessment Instrument) manual for guidance on coding MDS Assessments.

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: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057 Based on observation, record review, and interview, the facility failed to ensure oxygen equipment was properly labeled and oxygen was administered as ordered for 1 of 2 residents reviewed for respiratory care. (Resident 47) Finding includes: During an observation on 4/15/24 at 1:19 P.M., Resident 47 was observed sitting in a chair in her room with no oxygen being administered. There was an unplugged oxygen concentrator on the opposite side of the room. There was no date or initials observed on the humidification bottle, oxygen tubing, or oxygen tubing bag. During an observation on 4/16/24 at 8:48 A.M., the oxygen concentrator was observed turned off. There was no date or initials observed on the humidification bottle, oxygen tubing, or oxygen tubing bag. There was a portable oxygen concentrator, not in use, attached to the back of Resident 47's wheelchair; there were no dates on the oxygen tubing. On 4/16/24 at 10:06 A.M., Resident 47's clinical record was reviewed. Resident 47 was admitted on [DATE]. Diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disorder (COPD), acute and chronic respiratory failure with hypoxia, and bronchopneumonia. The most recent Admission MDS (Minimum Data Set) Assessment, dated 3/39/24, indicated Resident 47 was cognitively intact, required limited assistance of 1 staff member for transfers and mobility, and was receiving oxygen therapy. Current active physician orders included, but were not limited to: Oxygen at 2L (liters) per nasal cannula continuous, dated 4/1/24. Change oxygen tubing monthly, once a day on the 1st of the month, dated 4/1/24. Current care plans included, but were not limited to: Resident has potential for complications, functional and cognitive status decline related to respiratory disease; Administer oxygen per MD (medical doctor) order, dated 3/25/24. During an interview on 4/17/24 at 09:01 A.M., Registered Nurse (RN) 9 stated that oxygen tubing was changed weekly, and the oxygen tubing was placed in the bag with the resident's name and current date. When the tubing was not in use the equipment was placed in the bag. A current oxygen administration policy was requested on 4/19/24 and was not provided. 3.1-47(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0842

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 48147

Based on observation, interview, and record review, the facility failed to ensure resident records were accurate for 2 of 2 residents reviewed for pressure ulcers and 1 of 1 residents reviewed for dental. (Resident 43, Resident 101, Resident 47)

Findings include:

1. On 4/17/24 at 8:42 A.M., Resident 43's clinical record was reviewed. Diagnoses included, but were not limited to, paraplegia and morbid obesity.

The most recent Admission Minimum Data Set (MDS) Assessment, dated 2/14/24, indicated that Resident 43 was cognitively intact, was at risk for pressure injuries, and had no unhealed pressure injuries.

A care plan, initiated 2/29/24, indicated the resident had a pressure area to the bottom of the left lateral foot and to the gluteal fold.

Physician orders included, but were not limited to:

Weekly skin assessment: 0=no impairment, 1=new impairment, 2=old impairment, once a day on Mondays, dated 2/09/24

Cleanse left buttock with soap and water. Apply wound gel to wound bed and cover with dry dressing. May change PRN (as needed) if soiled, once a day, dated 3/21/24

Triad Wound Dressing paste - one application topically, twice a day, dated 3/22/24

Wound 1:

A Wound Management Detail report indicated a pressure ulcer was identified on the bottom of the resident's left lateral foot on 2/28/24 at 5:25 P.M The wound was unstageable (full thickness tissue loss in which the base of the ulcer cannot be confirmed because the wound bed is obscured by slough and/or eschar), measured 1.9 cm (centimeters) by 2.8 cm, and skin was light purple/green and intact.

A wound management detail report, dated 3/7/24 at 7:18 P.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.9 cm by 2 cm, and had necrotic tissue.

A progress note, dated 3/14/24 at 11:55 A.M., indicated the pressure ulcer on the resident's left foot continued to show improvement, the purple was fading, with a scant amount of fluid noted under the dermis that appeared to be reabsorbing, and no signs or symptoms of infection.

A wound management detail report, dated 3/14/24 at 6:52 P.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.8 cm by 2 cm, and had necrotic tissue.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A wound management detail report, dated 3/21/24 at 9:57 P.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.9 cm by 2 cm, and had necrotic tissue. A progress note, dated 3/23/24 at 10:12 A.M., indicated the resident had a bruised area on bottom L [left] foot. A wound management detail report, dated 3/29/24 at 1:59 P.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.9 cm by 2 cm, and had necrotic tissue. A wound management detail report, dated 4/5/24 at 9:17 A.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.9 cm by 2 cm, and had necrotic tissue. A wound management detail report, dated 4/11/24 at 9:22 A.M., indicated the pressure ulcer on the resident's left foot was unstageable, measured 1.9 cm by 2 cm, and had epithelial tissue. Wound 2: A progress note, dated 3/21/24 at 11:08 A.M., indicated . Assessed BLE [bilateral lower extremities]. Remains with purple area to bottom of left foot. Improved from last assessment fading in color . Noted open area to left buttock. 6.8x5.4<0.1 irregular rashy [sic] dry peeling edges open red with slight bleeding. Notified [name of provider] new order received Cleanse daily apply wound gel and cover with foam dressing. Wound nurse eval [evaluation] treatment effectiveness of treatment. A progress note, dated 3/22/24 at 2:31 P.M., indicated MASD [moisture associated skin damage] noted to bilateral gluteal folds. Areas cleansed and triad paste applied. A progress note, dated 3/27/24 at 12:53 P.M., indicated treatment done to area on buttocks. Area is healing peri-wound is pink in color. A wound management detail report indicated a pressure ulcer was identified on the left lower buttocks/thigh (gluteal fold) on 3/29/24 at 2:00 P.M The wound was unstageable, measured 3.5 cm by 3.2 cm, and had granulation tissue. A wound management detail report, dated 4/5/24 at 9:14 P.M., indicated the pressure ulcer on the resident's gluteal fold was unstageable, measured 3.4 cm by 3.2 cm, and had epithelial tissue. The entry was created on 4/17/24 at 9:17 A.M. A progress note, dated 4/11/24 at 7:24 A.M., indicated Resident leaving for appointment in [name of city]. Will return this evening. A wound management report dated 4/11/24 at 9:19 A.M., indicated the pressure ulcer on the resident's gluteal fold was unstageable, measured 3.4 cm by 3.1 cm, and had epithelial tissue. The entry was created on 4/17/24 at 9:21 A.M. A progress note, dated 4/11/24 at 7:37 P.M., indicated Resident has returned from LOA [leave of absence]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A progress note, dated 4/15/24 at 3:07 P.M., indicated Left foot red intact skin improved almost healed. Moisture associated damage to Buttock has improved. The March 2024 TAR (Treatment Administration Administration) indicated a weekly skin assessment had been completed: 3/4/24 - old impairment 3/11/24 - no impairment 3/18/24 - no impairment 3/25/24 - buttocks The April 2024 TAR indicated a weekly skin assessment had been completed: 4/1/24 - no impairment 4/8/24 - old impairment 4/15/24 - no impairment On 4/17/24 at 11:02 A.M., Certified Nurse Aide (CNA) 11 indicated Resident 43 did not have a dressing covering the wound on her buttocks for at least the past week. On 4/17/24 at 11:04 A.M., Licensed Practical Nurse (LPN) 17 indicated Resident 43 did not have a dressing and Triad paste was used. The wound order for the dry dressing needed to be discontinued. She further indicated if a staff member saw a new wound, they would put in an event and she would check those events daily and assess the new wound at that time. She indicated that the resident was in [name of city] on 4/11/24 and the wound assessment, dated 4/11/24, was completed on 4/10/24 and was dated 4/11/24 in error. She indicated the assessments were entered into the resident's medical record on 4/17/24 because she was behind in putting information into the EHR (electronic health record). On 4/18/24 at 9:39 A.M., the Clinical Support Nurse indicated Resident 43's wounds should have been documented as MASD and not unstageable pressure ulcers. The resident had 1 wound on her buttocks and 1 wound on her left foot and that the wounds in the progress notes, skin assessments, and wound management reports referred to those wounds. She indicated the wound on Resident 43's bottom was chronic and would come and go. She indicated the wound on the resident's left foot was not nor ever was necrotic. She indicated the wound nurse was new and was confusing bruised tissue with necrotic tissue. She further indicated the skin assessments should reflect the wound detail management reports, and she was unsure why the nurse was charting there was no impairment when there was. 46758 2. On 4/17/24 at 2:00 P.M., Resident 101's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified displaced fracture of first cervical vertebra and anterior displaced Type II dens fracture. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The current Admission MDS Assessment, dated 4/11/24, indicated Resident 101 was moderately cognitively impaired and needed partial to modified assistance to perform toileting, transferring, and mobility. The MDS Assessment indicated Resident 101 also had an unstageable pressure ulcer. Physician's orders included, but were not limited to: Observe L (left) plantar for any changes, notify MD (medical doctor) if any changes are noted, twice a day, dated 4/17/24. Weekly skin assessment once a day, dated 4/4/24. L plantar skin prep q (every) shift, twice a day, dated 4/17/24. Care plans included, but were not limited to: Resident has a pressure ulcer to left bottom of foot. The goal was that the resident ulcer would heal without complications. Interventions included, but were not limited to, assess and record the condition of the skin surrounding the pressure ulcer, observe and report signs of infection (localized redness, swelling, tenderness .), and weekly skin assessment, measurement, and observation of the pressure ulcer and record, dated 4/5/24. On 4/17/24 at 12:46 P.M., the Regional Support Nurse provided Resident 101's Wound Management Detail Report. The observation, dated 4/4/24, indicated the observed pressure wound measured 0.5 cm by 0.5 cm and was located on the bottom of the left plantar foot. The wound was unstageable in the deep tissue. The tissue was necrotic with well-defined wound edges and the surrounding skin was pink and normal. The observation dated 4/12/24 indicated the pressure wound measured 0.7 cm by 0.5 cm and was located on the bottom of the left plantar foot. The wound was unstageable in the deep tissue. The tissue was necrotic with well-defined wound edges and the surrounding skin was pink and normal. During an interview on 4/18/24 at 9:34 A.M., the Regional Support Nurse indicated she had seen the wound and it was not necrotic but was blanchable. The person who had been putting in the assessment was new and had put in the wrong entry. It should not be labeled as necrotic. It was more like a bruise. 48057 3. During an observation on 4/15/24 at 01:19 P.M., Resident 47 was observed having both missing and broken teeth in the oral cavity. On 4/16/24 at 10:06 A.M., Resident 47's clinical record was reviewed. Resident 47 was admitted on [DATE]. Diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disorder (COPD), acute and chronic respiratory failure with hypoxia, and type 2 Diabetes Mellitus. The most recent Admission MDS Assessment, dated 3/39/24, indicated Resident 47 was cognitively intact, required limited assistance of 1 staff member for transfers and mobility, and had broken or missing teeth. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Current care plans included, but were not limited to: Resident is at risk for malnutrition R/T (related to) no natural teeth or dentures (edentulous), dated 4/1/24. An admission observation, dated 3/23/24 at 3:32 P.M., indicated no oral cavity issues and was not selected for any oral cavity indications including missing or broken teeth, dentures, or edentulous. During an interview on 4/17/24 at 10:05 A.M., the MDS Coordinator indicated the care plan contained incorrect information and was marked in error, was not sure why the admission assessment stated Resident 47 had no oral decays and confirmed Resident 47 did have missing and broken teeth. During an interview on 4/19/24 at 12:58 P.M., the Clinical Support Nurse indicated there was no policy related to documentation, and stated it was company policy to document accurately and timely. 3.1-50(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER North River Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 811 E Baseline Road Evansville, IN 47725	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46758 Based on observation, interview, and record review, the facility failed to ensure the implementation of enhanced barrier precaution (EBP) during a random observation for 1 of 1 resident with a permcath dialysis catheter while changing linen. (Resident 15) Finding includes: During a random observation on 4/18/24 at 10:02 A.M., Resident 15's room was identified as following the Enhanced Barrier Precautions. Two CNAs (Certified Nurse Aides) were observed entering Resident 15's room with a Hoyer lift and did not apply PPE (personal protective equipment). The resident was observed to be ready for the transfer with the lift pad in position. While in the resident's room, the CNAs did not have PPE on before or after transferring the resident to a wheelchair. The two CNAs were also observed to change the soiled bed linens and apply new linens. During an interview on 4/19/2 at 9:01 A.M., Resident 15 indicated staff did not wear PPE when doing transfers. During an interview on 4/19/24 at 9:04 A.M., RN (Registered Nurse) 3 indicated the staff wore PPE when doing anything that involved direct contact when residents were on enhanced barrier precautions. On 4/19/24 at 12:49 P.M., Resident 15's clinical record was reviewed. Diagnoses included, but were not limited to, other complications of vascular dialysis catheter and end stage renal disease. The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 2/26/24, indicated the resident was cognitively intact. The resident was dependent for mobility, transfer, and dressing. Physician orders included, but were not limited to: Staff to use enhanced barrier precautions d/t (due to) central line, wearing a gown and gloves at minimum during high-contact care activities twice a day, dated 4/15/24. The current care plan indicated the resident had a central line and required enhanced barrier precautions (EBP) during high-contact care related to presence of this line. Interventions included, but were not limited to, risk for transmission of infection will be minimized with use of enhanced barrier precautions, to don/doff and dispose of PPE systematically and appropriately, per policy, and utilize gown and gloves per EBP policy during high contact ADL (Activities of Daily Living) care (e.g. dressing, showering/bathing, hygiene, transfers, toileting/changing briefs) and during linen changes. On 4/19/24 at 1:15 P.M., the Clinical Support Nurse provided a current Enhanced Barrier Precautions (EBP) Standard Operating Procedure policy, dated 4/1/24, that indicated . Enhanced Barrier Precautions will be in place during high-contact activities for residents with the following conditions .all residents with indwelling medical devices .high-contact activities include but are not limited to .morning and evening ADL care . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155854	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North River Health Campus	811 E Baseline Road Evansville, IN 47725

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-18(b)(2)