

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 03/21/2025
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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46758</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received supervision and consistent implementation of interventions to prevent a fall for 1 of 1 residents reviewed for accidents related to falls. Fall interventions were not consistently implemented. (Resident 15)</p> <p>Findings include:</p> <p>On 3/19/25 at 9:35 A.M., during a random observation of Resident 15 transferring from a wheelchair to a shower chair by Certified Nurse Aide 5 (CNA) and CNA 6, the wheelchair was observed lacking a Dycem (Anti-slip mat) in the seat.</p> <p>On 3/18/25 at 10:26 A.M., Resident 15's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease with late onset and Dementia with unspecified severity.</p> <p>The Current Annual Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident 15 was severely cognitively impaired. Resident 15 was dependent on transferring, hygiene, and dressing.</p> <p>Current physician orders included, but were not limited to, using a Dycem to the wheelchair twice a day from 6:00 A.M. to 10:00 A.M. and 6:00 P.M. to 10:00 P.M. dated 6/21/24.</p> <p>An Interdisciplinary (IDT) note dated 3/17/25 at 12:24 P.M., indicated Resident 15 had a fall on 3/14/25 while leaning forward trying to pick things off the floor when he toppled out of the chair. The note indicated that a Dycem was in place.</p> <p>A Quarterly Resident First Meeting dated 2/21/25 indicated Resident 15 was a high fall risk.</p> <p>The most recent care plan indicated the resident was a high fall risk related to altered/impaired mobility and impaired cognition. Interventions included, but were not limited to:</p> <p>Dycem to wheelchair cushion dated 6/24/24 and keep personal items and frequently used items within reach dated 2/22/24, the care plan was last reviewed by staff on 3/3/2025.</p> <p>During an interview on 3/19/25 at 9:35 A.M., CNA 5 indicated that there should be a Dycem in place for the resident.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/21/25 at 8:30 A.M., the Regional Support Nurse indicated that the care plan should be followed and updated after each fall.</p> <p>On 3/21/25 at 9:15 A.M., the Regional Support Nurse provided a current policy Fall Management Program Guidelines reviewed on 12/17/24. The policy indicated .the resident care plan should be updated to reflect any new or change in interventions .</p> <p>3.1-45(a)(2)</p>		