

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER River's Bend Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Beech Street Kuttawa, KY 42055	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, record review and facility policy review, the facility failed to ensure drugs and biologicals were current for use and/or labeled in accordance with currently accepted professional principles, including the expiration date when applicable, for 2 of 3 medication carts reviewed and for a total of 6 out of 13 sampled residents (Resident (R)5, R8, R17, R18, R30, and R39).The findings include: Review of the facility's policy titled, Storage of Medications Policy, undated, revealed it was the facility's policy to not use discontinued, outdated, or deteriorated drugs or biologicals and all such drugs should be returned to the dispensing pharmacy or destroyed. Further review of the policy revealed nursing staff were responsible for maintaining medication storage. Review of the facility's policy titled, Medication Administration, reviewed 12/01/2022, revealed it was the facility's policy to review the expiration date of the medication prior to giving the medication. Further review revealed staff were to dispose of any expired medications per the facility's protocol and procedure. Observation on the facility's Short-Hall of the medication cart's PRN (As Needed) drawer on 09/17/2025 at 9:11 AM, revealed the following:(1) For R8- AYR Saline Nasal Gel, 22 milliliters (mL), unopened bottle with an expiration date of 03/18/2025.(2) For R18- Loperamide (antidiarrheal medication) 2 milligram (mg) capsules with an expiration date of 09/11/2025.(3) For R5- Lactulose Liquid (used to treat constipation)10 gm/15 mL with an expiration date of 08/07/2025; and Bisacodyl EC (used to treat constipation) 5 mg tablets with an expiration date of 04/14/2025 Observation on the facility's Long-Hall of the medication cart's PRN drawer on 09/17/2025 at 9:30 AM, revealed the following:(1) For R39- Bisacodyl EC 5 mg tablets with an expiration date of 04/22/2025.(2) For R17- Bisacodyl EC 5 mg tablets with an expiration date of 04/30/2025.(3) For R30-Senexon (used to treat constipation) 8.6/50 mg tablets with expiration date of 05/19/2025. During interview with Kentucky Medication Aide (KMA) 1 on 09/17/2025 at 9:20 AM, she stated she was responsible for checking the medication carts for expired medications. She said she tried to check the medications every month. She further stated a negative outcome of administering expired medications to residents was the medication could possibly not work correctly. During interview with the Assistant Director (AD) of the facility's contract Pharmacy on 09/17/2025 at 2:53 PM, she stated the consultant pharmacists came to the facility once per month to do medication reviews and chart reviews on the residents. She said the consultant pharmacists sometimes went through the medication carts; however, not very often. The contract Pharmacy's AD stated she did not know specifically how often that was being done. She further stated when they went through the carts, they checked for expired medications, and cleaned and organized them. During interview with the Director of Nursing (DON) on 09/18/2025 at 1:41 PM, she stated her expectations of maintaining the medication carts and checking for expired medications were for whoever was using the medication cart to check the medications at least weekly. She reported a negative outcome of the carts not being checked for expired medications was that the residents could receive an expired medication. The DON stated a negative outcome of the residents receiving an expired medication was the medication would not be as strong. She further stated her expectations for the medication technicians (techs)/aides or (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 185410
		If continuation sheet Page 1 of 3

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse was for them to call the provider to inform them if a resident received a medication that was expired. During interview with the facility's Administrator on 09/18/2025 2:04 PM, he stated his expectation was for staff to follow the facility's policy and remove any expired medications from the medication cart. The Administrator further stated a negative outcome of a resident receiving an expired medication was the medication would not be as effective.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and review of the facility policy, the facility failed to post staffing data as required for 3 of the 3 State Survey Agency's (SSA's) survey dates. The findings include: Review of the facility's policy titled, General Nurse Staffing, initiated 08/29/2022, revealed it was the facility's policy for staffing numbers for the facility to be posted and visible to staff and visitors daily. Observation on 09/17/2025 at 4:45 PM, of the facility's daily nurse staffing information sheet, posted on a common area corkboard, revealed it was dated 09/13/2025, and had not been updated since that date. Observation on 09/18/2025 at 12:50 PM, of the facility's daily nurse staffing information sheet, posted in the common area, revealed it was still dated 09/13/2025 and contained the same information observed on 09/17/2025, indicating it had not been updated. During interview with Registered Nurse (RN) 2 on 09/17/2025 at 4:50 PM, she stated the common area corkboard was the only known place that daily staffing would be posted. She stated the nightshift nurse was supposed to update the daily staffing sheets; however, they had contract agency staff working the past couple of nights. During interview with the Director of Nursing (DON) on 09/17/2025 at 5:15 PM, she stated the daily staffing sheets were posted on the board in the commons area by the nurse's desk. She said the midnight nurses were responsible for keeping the daily staffing updated each day. The DON further stated however, they had agency nurses working the past few nights and that was why the staffing information had not been updated since 09/13/2025. During interview with the DON on 09/18/2025 at 1:41 PM, she stated her expectations were for the daily staffing sheets to be posted daily with the correct information. She reported the importance of having daily posted staffing was for her and residents' families to know the facility's daily staffing numbers and if there was an emergency, that information would be available. She further stated she expected the dayshift staff to go over with the nightshift staff what needed to be done on that shift, including updating the staffing information. During interview with the facility's Administrator on 09/18/2025 at 2:10 PM, he stated the daily staffing sheets were to be done daily and posted so we all know who was in the building and families would also know. He further stated there had been a nightshift nurse who was responsible for doing that; however, he dropped the ball on ensuring that was done and the responsibility fell through the cracks.		