

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 Olentangy River Road Columbus, OH 43214	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50536</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure resident dignity was maintained during medication administration. This affected one (Resident #93) of nine residents observed for dining. The facility census was 136 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #93 revealed an admitted [DATE] with diagnoses including type two diabetes mellitus, dementia without behavioral disturbance, and anxiety.</p> <p>Review of the physician's orders for Resident #93 revealed an order dated 12/16/24 for Lispro insulin inject subcutaneously before meals for diabetes mellitus per sliding scale.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #93 dated 01/16/25 revealed the resident was cognitively impaired.</p> <p>Observation of the lunch meal in the main dining room on 03/10/25 at 12:14 P.M. revealed Registered Nurse (RN) #164 checked Resident #93's blood sugar while the resident was eating lunch and without asking for the resident's consent. RN #93 then left the dining room and returned with an insulin syringe, lifted up Resident #93's shirt and administered the injection into the resident's abdomen without asking for the resident's consent.</p> <p>Interview on 03/10/25 at 12:35 P.M. with RN #164 confirmed the facility allowed medication administration in the dining room during lunch if the resident was okay with it. RN #164 confirmed since Resident #93 had dementia she did not ask for his consent to check his blood sugar and give him an injection in his abdomen during mealtime. RN #164 confirmed her actions towards Resident #93 were a violation of Resident #93's rights.</p> <p>Interview on 03/10/25 at 4:15 P.M. with the Director of Nursing (DON) confirmed RN #164's actions of conducting blood sugar checks, lifting a resident's shirt, and giving injections in a resident's abdomen in the dining room during lunch was a violation of Resident #93's rights, was against the facility's medication administration policy, and was prohibited.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Medication Administration dated 08/07/23 revealed the nurses should administer medication according to professional standards of practice and resident needs.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00162973.</p>		