| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395395 | A. Building<br>B. Wing | 06/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| River's Bend Health & Rehab Center | 800 King Russ Road<br>Harrisburg, PA 17109 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility displayed past non-compliance by failing to implement interventions, supervision, and effective safety measures to protect the resident's right to be free from physical abuse by a resident (Resident 1), who displayed aggressive behavior and physically kicked another resident (Resident 2).Findings include: Review of the facility policy, titled Resident Observation Policy with a last revised date of May 28, 2021, and a last review date of January 28, 2026, revealed, in part, Procedure: A.) The charge nurse will contact the DON (Director of Nursing) who, if necessary, will consult with administrative staff and/or the Director of Mental Health, if applicable, to determine the appropriate observation/interventions if the resident meets on of the following criteria: 2. Resident is a danger to others, to include but not limited to, homicidal comments/threats/actions; 4. Resident is acting out behaviorally, to include but not limited to, throwing items, continuous screaming/disruptive behavior; B.) DON will assign a staff member to complete the appropriate observation/interventions which may include but are not limited to, every 15 or 30 minute checks or 1:1 monitoring. Review of Resident 1's clinical record revealed diagnoses that included chronic obstructive pulmonary disease (an ongoing, progressive lung condition that restricts airflow and makes breathing difficult) and hyperlipidemia (high amounts of fats in the blood). Review of a facility provided incident report revealed a resident-to-resident altercation between Resident 1 and Resident 2 on May 9, 2026, at 8:08 PM. Further review of the incident report revealed Resident 1 started being aggressive towards other residents, going to their rooms and using curse words when asked to leave by staff. Resident 1 was hard to redirect, stating that other residents and staff stole his money; he pushed an aide as she was doing care to another resident. Resident 1 was asked to go back to his seat, where he went further to another resident who was standing by her room's door and stated where is my money you bitch. When Resident 2 said she didn't know what Resident 1 was talking about, Resident 1 walked to where she was standing and kicked her in her left thigh, leaving a reddish mark. Staff then intervened and Resident 2 was taken back to her room out of harms way. Review of Resident 1's physician order history revealed an order for 1:1 nursing supervision every shift, with a start date of May 10, 2026, that was created at 9:01 PM, which was more than 24 hours after the initial Resident-to-Resident incident had occurred. Review of Resident 1's care plan revealed a problem focus area for behavioral symptoms, with an approach for 1:1, 15- or 30-minute monitoring checks for safety, as needed, with a start date of June 25, 2025. During an interview with the Nursing Home Administrator (NHA) on June 9, 2026, at approximately 11:30 AM, she revealed that she would have expected Resident 1 to have been placed on a 1:1 nursing observation as soon as the Resident-to-Resident incident occurred, and that the RN (Registered Nurse) Supervisor on duty during the incident failed to notify her or put appropriate interventions in place and was therefore terminated. The facility demonstrated past non-compliance by initiating immediate interventions starting May 10, 2026, following the incident. Documents and actions provided by the facility to address the concern were reviewed on June 9, 2026, during the onsite survey and included: Residents were immediately separated, Psychosocial Support was provided by Nursing Department Head-to-toe assessment was completed Witness<br>(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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | statements were obtained from staff members Resident 1 was placed on close supervision, when agitated behaviors continued, he was changed to 1:1 Nursing observation Medical Director/Resident Representative were notified of occurrence Local police department and Area Agency on Aging (AAA) were notified of occurrence Psychology evaluation was completed, with new medication adjustment provided for Risperdal 0.25 by mouth twice daily Social Service Department provided a follow-up Psychosocial visit to ensure all needs were currently being met To identify others with the likelihood to be affected, the Director of Nursing (DON)/designee will complete a house-wide body audit on those residents with a BIMS (Brief Interview for Mental Status) less than 12 to ensure those residents did not have any signs or symptoms consistent with abuse, any inconsistencies identified will be investigated immediately. To identify others with the likelihood to be affected, the NHA/designee will complete a house-wide interview audit on those residents with a BIMS of 12 or greater to ensure they have not experienced a Resident-to-Resident altercation that was not investigated, any inconsistencies identified will be investigated immediately. To identify others with the likelihood to be affected, the Regional Director of Clinical Services (RDCS)/designee will complete a progress note review to ensure any other Resident-to-Resident altercations were managed and reported timely, any inconsistencies identified will be investigated immediately. To prevent a further recurrence, the NHA/designee educated all facility staff on the PA abuse policy and the proper process to follow if a Resident-to-Resident altercation transpires. The aforementioned corrective actions were completed on May 11, 2026. To monitor and maintain ongoing compliance, with DON/designee will complete a body audit of 5 random residents with a BIMS less than 12 to ensure they are free of signs or symptoms of abuse, any inconsistencies identified will be investigated immediately, weekly x 4 then monthly x 2 To monitor and maintain ongoing compliance, the NHA/designee will complete an interview audit on 5 random residents with a BIMS of 12 or greater to ensure they have not been involved in a Resident-to-Resident altercation that was not investigated, any inconsistencies identified will be investigated immediately, weekly x 4 then monthly x 2. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations. During the onsite survey on June 9, 2026, no additional concerns related to Resident-to-Resident physical abuse were identified based on observations, clinical record review, interviews with staff, review of audits, and review of education provided to staff. 28 Pa. Code 211.12(d)(3)(5)Nursing services.28 Pa. Code 201.29(j) Resident rights |