

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/01/2013	
NAME OF PROVIDER OR SUPPLIER RIVERBEND				STREET ADDRESS, CITY, STATE, ZIP CODE 2715 CHARLESTOWN PIKE JEFFERSONVILLE, IN 47130			
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R000000	<p>This visit was for a State Licensure Survey.</p> <p>Survey Dates: 7/30, 7/31, 8/1/2013</p> <p>Facility number: 010885 Provider number: 010885 AIM number: NA</p> <p>Survey team: Gwen Pumphrey RN (TC) Nicole Wright, RN</p> <p>Census bed type: Residential: 103 Total: 103</p> <p>Census payor type: Other: 103 Total: 103</p> <p>Sample: 7 Supplemental Sample: 13</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/07/13 by Suzanne Williams, RN</p>	R000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation.				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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R000241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a doctor's order was followed for the administration of medication for pain, for 1 of 5 residents reviewed for medication administration. (Resident #19)</p> <p>Findings include:</p> <p>During an observation of medication administration on 8/1/13, at 8:45 a.m., LPN #2 was observed to administer Hydrocodone-APAP 5-325mg (milligrams), one tablet po (by mouth), to Resident #19. The Medication Administration Record indicated Hydrocodone-APAP 5-500 mg, one tablet po, every 4-6 hours as needed.</p> <p>During an interview on 8/1/13, at 9:00a.m., LPN#2 indicated she could administer the medication because it (the dose) was less than the physician order.</p> <p>Record review on 8/1/13, at 9:05</p>	R000241	<p>It is the practice of this provider to ensure doctor's orders are followed for the administration of medication. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice. **Resident #19's physician was notified of the medication error and physician clarified the order to administer Hydrocodone-APAP 5-325mg. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. **Clinical Director monitored the medication passes on 8-2-13 and 8-5-13 to ensure meds given matched current physician orders listed in MAR. No errors were found. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur. **All nurses will be inserviced on 8-18-13 regarding ensuring physician orders are followed for the medication of administration. How the corrective action(s) will be monitored to ensure the deficient practice will</p>	08/01/2013			

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	<p>a.m., indicated diagnoses including, but not limited to, diabetes, hyperlipidemia, dementia, hypertension and bronchitis. Record review also indicated no physician order for the Hydrocodone-APAP 5-325mg. LPN#2 indicated the resident's family brought in the medication and the medical record was not updated.</p> <p>During an interview on 8/1/13, at 11:30a.m., the DON indicated nurses and medication aides were in-serviced on medication pass guidelines. Review of the inservice record indicated LPN#2 received the training.</p>		<p>not recur, i.e., what quality assurance program will be put into place. **The Clinical Director will monitor monthly, for a period of 6 months, 3 medication passes to ensure nursing is following physician orders relating to medication administration.</p>				

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure thermometers were used to monitor the temperatures in refrigerators and freezers for 2 of 7 refrigerators and freezers. This deficient practice had the potential to effect all 103 residents currently residing in the facility and receiving food from the kitchen.</p> <p>Findings include:</p> <p>During an observation on 7-30-13 at 11:15a.m., there was not a thermometer inside a freezer in the main house kitchen.</p> <p>During an interview with the Dietary Manager on 7-30-13 at 11:20a.m., she indicated there "probably wasn't one in there." She indicated she never looks at the inside thermometers. She indicated she used the thermometers on the outside to monitor the temperature of the freezers and refrigerators.</p> <p>During an observation on 7-31-13 at</p>	R000273	<p>It is the practice of this provider to ensure the facility ensures thermometers are used to monitor temperatures in refrigerators and freezers. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>**Thermometers were placed inside the freezer at the main house kitchen and the refrigerator in the kitchenette in the Cottage house area on 8-1-13. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. **All other freezers and refrigerators in both the House and Cottage were checked on 7-30-13 to ensure thermometers were present and operating. They were all found to have thermometers in place. What measurers will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.</p> <p>** The Food Service Supervisor was inserviced on ensuring thermometers remain inside all freezers and refrigerators at all times. How the corrective action(s) will be monitored to</p>	08/30/2013			

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	<p>10:25a.m., there was not a thermometer inside or outside a refrigerator in the kitchenette in the cottage house area. The refrigerator held resident nutritional supplement drinks.</p> <p>During an interview with the Dietary Manager on 7-31-13 at 11:00a.m., she indicated she does not monitor that refrigerator. She indicated that the nursing staff monitor it due to it holding "nursing stuff."</p> <p>During an interview with Charge Nurse #1 on 7-31-13 at 11:15a.m., she indicated nursing is not responsible for monitoring the temperature, and she thought dietary did.</p> <p>An observation was made on 7-31-13 at 11:20a.m. of the Dietary Manager placing a thermometer in the refrigerator.</p> <p>During an interview with the Administrator on 7-31-13 at 3:00p.m., she indicated she was unaware that they needed to monitor the temperatures.</p> <p>During a review of the facility's policy and procedure on 7-31-13 at 3:30p.m., under food storage, it</p>		<p>ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **The Food Service Supervisor will conduct weekly checks, for a period of 6 months, to ensure all freezers and refrigerators contain thermometers inside.</p>				

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	indicated, "All freezers and refrigerator units will have thermometers (inside as well as outside); and temperatures will be monitored to assure food is stored at safe temperatures."			

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R000302	<p>410 IAC 16.2-5-6(c)(6) Pharmaceutical Services - Deficiency (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength.</p> <p>Based on observation and record review, the facility failed to ensure over the counter medications were properly labeled. This deficient practice affected 1 of 6 residents reviewed for medication pass. (Resident # 23)</p> <p>Findings Include:</p> <p>During an observation of medication pass, on 8/01/13 at 8:30 a.m., Resident #23 had an over the counter medication, Aspirin. The medication bottle was handwritten with the resident's name and "AM". The bottle did not contain any information regarding physician or direction.</p> <p>A copy of the policy titled, " Over the Counter Medications" was received by the Director of Nursing on 8/1/13 at 11:30a.m. The policy indicated the over-the-counter medications must be identified with the following: Resident name, physician name, expiration date, name of drug, and strength.</p>	R000302	<p>It is the practice of this provider to ensure over the counter medications are properly labeled. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice. **The medication found to be insufficiently labeled (Aspirin) was labeled immediately with the proper identifying information. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. **The Clinical Director audited all medication carts to ensure all over the counter meds were labeled correctly. Those found lacking the required labeling were labeled with the correct identifying information immediately. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur. ** All nurses will be inserviced on 8-18-13 regarding ensuring all over the counter medications are labeled correctly. How the corrective action(s) will be monitored to ensure the deficient</p>	08/30/2013			

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			practice will not recur, i.e., what quality assurance program will be put into place. **The Clinical Director will audit all medication carts on a monthly basis, for a period of 6 months, to ensure all over the counter medications are labeled correctly.		

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R000356	<p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available. Based on record review and interview, the facility failed to maintain an emergency file for every resident that included, but was not limited to, preferred hospital and physician's phone numbers for 8 of 103 residents reviewed for emergency files. (Resident #1, 2, 10, 11, 13, 14, 15, & 17)</p> <p>Findings include: During a record review on 7-31-13 at 10:45a.m., emergency files were found to have missing information as follows: Resident #1 had no hospital</p>	R000356	It is the practice of this facility to ensure an emergency file is maintained for each resident. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice. **The Emergency Files on residents #1, 2, 10, 11, 13, 14, 15, and 17 were corrected on 8-2-13 and are now complete and accurate. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. ** The Clinical Director audited all resident Emergency Files to ensure all files were complete and accurate. No further errors were found. What	08/30/2013			

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	<p>preference, Resident #2 had no physician's phone number, Resident #10 had no hospital preference, Resident #11 had no physician's phone number, Resident #13 had no physician's phone number, Resident #14 had no hospital preference and no physician's phone number, Resident #15 had no physician's phone number, Resident #17 had no physician's phone number.</p> <p>An interview with the Administrator on 7-31-13 at 4:00p.m., indicated she did not have a policy for emergency files.</p>		<p>measurers will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur. **The Nursing staff will be inserviced on 8-18-13 on ensuring a Emergency File, complete and accurate, is maintained on every resident. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **The Clinical Director will audit the resident emergency files, monthly, for a period of 6 months, to ensure an Emergency File and the information is complete and accurate.</p>		

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and interview, the facility failed to ensure proper hand hygiene between each resident contact during a medication administration. This deficient practice affected 4 of 5 residents observed during 2 of 3 medication administrations. (Resident #18, Resident #19, Resident #20, and Resident #22).</p> <p>Findings Include:</p> <p>During an observation of medication pass for Resident # 22 on 7/31/13 at 1:55p.m., QMA#1 did not perform hand hygiene before or after administering the medication.</p> <p>During an observation of the medication pass for Resident#18, Resident #19, and Resident #20 on 8/1/13 beginning at 8:02a.m., LPN#2 did not perform hand hygiene before or after administering the medications.</p> <p>In an interview on 8/1/13 at 11:30a.m., the Director of Nursing indicated nurses and medication</p>	R000414	<p>It is the practice of this facility to ensure proper hand hygiene between each resident contact during a medication administration. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice. **QMA#1 and LPN#2 were inserviced immediately and asked to perform proper hand hygiene. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. **All residents have the potential to be affected by the alleged deficient practice. QMA#1 and LPN#2 were inserviced immediately on proper hand hygiene during medication administration. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur. **All nursing staff will be inserviced on 8-18-13 ensuring proper hand hygiene is maintained between each resident contact during a medication administration. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be</p>	08/30/2013			

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	aides were in-serviced on medication pass guidelines which included hand hygiene. Review of the inservice record indicated LPN#2 received the training.		put into place. **The Clinical Director will audit 3 medication passes a month, for a period of 6 months, to ensure proper hand hygiene is maintained between each resident contact during a medication administration.		