

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2015
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NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: November 9, 10, 13, 16, & 17, 2015</p> <p>Facility number: 002280 Provider number: 155723 AIM number: 201068770</p> <p>Census bed type: SNF: 43 SNF/NF: 8 Residential: 36 Total: 87</p> <p>Census payor type: Medicare: 23 Medicaid: 8 Other: 20 Total: 51</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on November 25, 2015.</p>	F 0000		

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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F 0312 SS=D Bldg. 00	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to provide showers for 2 of 3 residents observed receiving ADL (Activity of Daily Living) care. (Resident #16, Resident #40)</p> <p>Findings include:</p> <p>1. During an observation on 11/9/15 at 2:34 p.m., Resident #16 was observed to be sleeping in a chair in his room. Resident #16's hair appeared to be unclean.</p> <p>During an interview on 11/9/15 at 2:35 p.m., a family member indicated Resident #16 was used to taking a shower at home. The family member indicated they were not sure whether the resident received a shower at the facility or not.</p> <p>During an observation on 11/11/15 at</p>	F 0312	F312Resident #16 was provided shower and staff that care for him have been instructed on his shower schedule.Resident #40 was provided shower and staff that care for her have been instructed on her shower schedule.All residents who are dependent with any ADL assistance have the potential to be affected by the alleged deficient practice and through changes in provision of care and inservicing will prevent the recurrence of the deficient practice.Nursing staff will be inserviced on general ADL assistance with special attention to shower schedules/preferences.Systemic change will include the nurses adding showers for the shift onto the report worksheet and signing off that they were completed after confirming with the CNA's.DHS/and or designee will monitor compliance by electronic charting reports and observation of 3 random residents/week who require assistance x 2 months,	12/17/2015

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	<p>8:30 a.m., Resident #16 was observed to be receiving a bed bath from the hospice aide.</p> <p>The clinical record for Resident #16 was reviewed on 11/12/15 at 11:42 a.m. Resident #16 had diagnoses including, but not limited to, dysphagia, aphasia, hypertension, esophageal reflux, muscle weakness, and status post gastrostomy. A quarterly MDS (Minimum Data Set) assessment, dated 10/4/15, indicated Resident #16 had a BIMS (Brief Interview for Mental Status) assessment score of 3 (three) which indicated severe cognitive impairment. The MDS further indicated choosing the type of bath was very important to the resident.</p> <p>A CNA Assignment Sheet was obtained from CNA #1 on 11/12/15 at 9:45 a.m. The CNA Assignment Sheet indicated Resident #16 was to receive a shower every Wednesday and Saturday evening.</p> <p>During review of the ADL profile, dated 10/13/15 through 11/12/15, Resident #16 had received a shower on 10/31/15. The profile indicated the resident had received a partial bath on 10/21/15, 10/27/15, 11/9/15, and 11/10/15. The profile further indicated the resident had received a complete bed bath on 10/21/15 and 11/10/15. The profile did not</p>				<p>and 3 monthly thereafter. Results of compliance audits will be forwarded to QA committee monthly x 6 months and quarterly thereafter.</p>		

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	<p>indicate the resident had refused any showers. Resident should have received a shower 9 (nine) times from 10/13/15 through 11/12/15.</p> <p>2. During an observation on 11/9/15 at 11:30 a.m., Resident #40 was observed to be sitting in a wheelchair with an alarming seat belt on. Resident #40 was observed to have unkept hair.</p> <p>The clinical record for Resident #40 was reviewed on 11/10/15 at 3:51 p.m. Resident #40 had diagnoses including, but limited to, Parkinson's disease, Alzheimer's disease, hypertension, osteoporosis, anxiety disorder, major depressive disorder, insomnia, and edema. A significant change MDS (Minimum Data Set) assessment, dated 10/7/15, indicated the Resident #40 had a BIMS (Brief Interview for Mental Status) assessment of 8 (eight) indicating moderate cognitive impairment.</p> <p>A CNA Assignment Sheet was obtained from CNA #1 on 11/12/15 at 9:45 a.m. The CNA Assignment Sheet indicated Resident #40 was to receive a shower every Monday and Thursday evening.</p> <p>During a review of the ADL (Activity of Daily Living) profile, dated 10/13/15 through 11/12/15, Resident #40 received</p>			

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F 0315 SS=D Bldg. 00	<p>a shower on 10/15/15, 10/20/15, 11/2/15, and 11/10/15. The profile further indicated the resident had received a partial bath on 10/16/15 and 11/9/15. The profile did not indicated the resident had refused any showers. Resident #40 should have been showered 8 (eight) times from 10/13/15 through 11/12/15.</p> <p>During a interview on 11/17/15 at 11/17/15 at 8:34 a.m., CNA #2 indicated residents were to receive showers as listed on the CNA Assignment Sheet.</p> <p>A policy titled, "Guidelines for Bathing Preference," obtained from the Administrator on 11/17/15 at 1:53 p.m., indicated the resident would determine their bathing preference upon admission of a tub bath or a shower and bathing should occur at least twice a week...</p> <p>3.1-38(a)(2)(A) 3.1-38(b)(2)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless</p>			

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	<p>the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to provide a clinical justification for the use of a foley catheter, failed to obtain a physician's order for the foley catheter, failed to provide a nursing assessment of the foley catheter, and failed to provide catheter care for 1 of 3 residents reviewed for foley catheters. (Resident # 140)</p> <p>Findings include:</p> <p>On 11/09/15 at 3:01 p.m., during the initial observation, Resident #140 was noted to have a foley catheter.</p> <p>The clinical record for Resident #140 was reviewed on 11/12/15 at 9:29 a.m. The clinical record indicated on 11/4/15, Resident #140 was admitted to the hospital after a fall at home. Resident #140 had a broken femur resulting in left hip surgery. Resident #140's diagnoses included, but were not limited to, left femur fracture, alcohol abuse, and diabetes.</p>	F 0315	F315Resident #140 had catheter removed as stated in 2567. There are no other residents with catheters that would have the potential to be affected by the alleged deficient practice and therefore through inservicing will ensure that if a resident admits with a foley catheter that there is an order for it. All nurses inserviced on catheter assessment, justification, order requirement, and catheter care requirements. DHS and or designee will monitor all foley catheters in use for compliance daily x 1 months, weekly x 5 months and monthly thereafter. Results of audits will be forwarded to QA committee monthly for 6 months and quarterly thereafter.	12/17/2015

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	<p>On 11/12/15 at 8:44 a.m., an interview with RN #1 indicated the resident failed his trial removal of the foley catheter at the hospital and had been vomiting and had been feeling weak. It was decided the facility would wait until a followup physician's visit to re-attempt the removal of the foley catheter.</p> <p>The clinical record lacked documentation of urinary catheter in nursing notes, no doctors orders, history and physical, care plans including the admission care plan. On 11/4/15, an Admission Assessment indicated Resident #140 had an indwelling foley catheter.</p> <p>On 11/12/15 at 11:01 a.m., a CNA Assignment Sheet was obtained from RN #1. The assignment sheet indicated the resident was to receive catheter care. RN #1 indicated she was unable to locate a physician's order or any nursing notes regarding the foley catheter or catheter care.</p> <p>On 11/12/15 at 11:13 a.m., the MDS (Minimum Data Set) Coordinator indicated they were unable to locate a physician's order for the foley catheter. The MDS Coordinator indicated during the interview, an order had been initiated at 11:13 a.m. on 11/12/15 for the foley catheter and catheter care.</p>			

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F 0329 SS=D Bldg. 00	<p>On 11/12/15 at 11:38 a.m., an interview with CNA #4 indicated Resident #140 was provided catheter care today.</p> <p>On 11/14/15 at 7:20 a.m., a nursing note indicated the foley catheter had been removed. The clinical record lacked any nursing notes or orders for a foley catheter prior to 11/12/15.</p> <p>On 11/17/15 at 1:46 p.m., a policy titled, "Guidelines for the Use of Indwelling Catheter," dated September 2014 and obtained from the Administrator, indicated an indwelling catheter was not to be used unless there was a valid medical justification and a resident with or without a catheter received the appropriate care and services to prevent infections to the extent possible.</p> <p>3.1-41(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications</p>			

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	<p>for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review the facility failed to monitor blood pressures for an as needed anti-hypertensive medication for 1 of 5 residents reviewed for unnecessary medications. (Resident #141)</p> <p>Finding includes:</p> <p>On 11/16/15 at 8:52 a.m., Resident #141's clinical record was reviewed. Resident #141's diagnoses included, but were not limited to, hypertension.</p> <p>The Electronic Health Record Physician's orders, included, but were not limited to: Clonidine HCl (an anti-hypertensive) 0.1 mg (milligrams), orally, three times a day, as needed for a systolic blood</p>	F 0329	F 329Resident # 141 suffered no ill effects from alleged deficient practice and has orders for B/P monitoring.All residents receiving PRN anti-hypertensive medications have the potential to be affected by the alleged deficient practice therefore DHS/designee have reviewed their medications to ensure B/P monitoring is occurring for these meds.All residents who receive PRN anti-hypertensive medications will have B/P monitored to determine if medication needs to be given.Nurses will be inserviced on need to have B/P monitored for residents that have orders for PRN anti-hypertensive medication.DHS/designee will monitor MARS five time per week for 30 days, then weekly for 30 days, and monthly thereafter to ensure proper B/P monitoring is	12/17/2015

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F 0441 SS=D Bldg. 00	<p>pressure greater than 160 mm/Hg (millimeters/Mercury) or a diastolic blood pressure greater than 95 mm/Hg.</p> <p>The blood pressure logged lacked an assessed blood pressure three times a day from 10/24/15 to 10/27/15, 10/30/15, and 10/31/15 to 11/15/15.</p> <p>The Care Plans included, but were not limited to: I have a history of hypertension, initiated on 10/27/15. The interventions included, but were not limited to, please administer medications as ordered, please monitor my blood pressure as ordered and as needed, and please observe for signs and symptoms of elevated blood pressure.</p> <p>On 11/16/15 at 2:50 p.m., RN #1 indicated Resident #141's blood pressure was assessed at night one time per day.</p> <p>3.1-48(a)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease</p>		occurring. Results of audits will be forwarded to QA committee monthly x 6 months for review and futher suggestion.	

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	<p>and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment for 2 of 3 residents observed for care. Hands were not washed and gloves were not used, the facility policy was not reflective of the current standards for</p>	F 0441	F 441Resident # 34 suffered no ill effects from the findings on the 2567 and staff have been inserviced on proper handwashing and glove use.Resident # 24 suffered no ill effects from the findings on the 2567 and staff have been inserviced on proper handwashing and glove use.All	12/17/2015

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	<p>handwashing. (Resident #34, Resident 24)</p> <p>Findings include:</p> <p>1. During an observation on on 11/12/15 at 2:42 p.m., CNA #1 was observed to enter Resident #34's room. CNA #1 was observed to apply a pair of gloves, place a gait belt around Resident #34, and assist the resident into a wheelchair. CNA #1 wheeled the resident into the bathroom and assisted the resident onto the commode. CNA #1 was observed to comb Resident #34's hair. CNA #1 was then observed to assist the resident to stand and wiped the resident's perineal area. CNA #1 removed their gloves and assisted the resident into the wheelchair. CNA #1 wheeled the resident into her room. CNA #1 was observed to exit the room. No hand hygiene was performed.</p> <p>2. During an observation on 11/16/15 at 10:00 a.m., CNA #2 was observed to enter Resident #24's room. CNA #2 was observed to apply gloves and place a gait belt onto the resident. CNA #2 was observed to assist the resident into a wheelchair and wheeled the resident into the bathroom. CNA #2 was observed to lower the resident's slacks and brief and assist the resident onto the commode. CNA #2 removed their gloves and</p>		<p>residents have the potential to be affected by the alleged deficient practice and through alterations in process and inservicing will ensure correct actions to prevent spread infection are followed. CNA #1 and CNA #2 will have directed inservice and competency checkoff of proper handwashing and glove use. Nursing staff will be inserviced on proper handwashing and glove use procedures to prevent spreading of infection. Systemic change is the policy has been changed to reflect the CDC guidelines for handwashing to be 40 to 60 seconds. DHS/designee will monitor 2 random resident's care that includes handwashing and glove use techniques of all care provided daily x 5 days, 3 x week for 2 weeks, then weekly x 2 months and monthly thereafter. Results of audits will be forwarded to QA committee monthly x 3 months and then quarterly for review and future suggestions.</p>				

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	<p>washed their hands for 5 (five) seconds. CNA #2 applied clean gloves, assisted Resident #24 to stand and performed pericare on the resident. CNA #2 pulled up the resident's slacks and briefs and assisted the resident into the wheelchair. Resident #24 was assisted to the sink to wash and dry their hands and was then pushed into the room. CNA #2 removed the gloves and washed their hands for 7 seconds. CNA #2 applied clean gloves and assisted Resident #24 into a recliner chair, CNA #2 was observed to elevate the lower legs, attach the alarm to the alarm box, place the call light on the resident's lap, and placed a pillow under the resident's legs. CNA #24 was observed to remove the soiled trash from the bathroom and exited the room. CNA #2 was observed to discard the trash and wash their hands in the sink at the nurse's station.</p> <p>During an interview on 11/17/15 at 8:34 a.m., CNA #2 indicated hands should be washed upon entering and exiting a resident's room. CNA #2 further indicated hands should be washed when gloves are changed. CNA #2 indicated hands should be washed for at least 1 (one) minute.</p> <p>3. A policy titled, "Hand Washing," dated 2012 and obtained from the</p>				

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R 0000 Bldg. 00	<p>Administrator on 11/17/15 at 1:35 p.m., indicated hands should be washed before and after resident contact and when soiled. The policy further indicated hands should be rubbed briskly for 10 (ten) to 15 (fifteen) seconds, paying special attention to the area between the fingers.</p> <p>The policy for handwashing does not reflect the current guidelines from the Center for Disease Control (2015) for handwashing which indicated hands should be washed for 40 (forty) to 60 (sixty) seconds</p> <p>3.1-18(b)(1) 3.1-18(l)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 36</p> <p>Sample: 7</p> <p>River Pointe Health Campus was found</p>	R 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Survey.				