STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW VILLAGE	586 EASTERN BLVD CLARKSVILLE, IN 47129

(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
F000000	This visit was for the Investigation of Complaint IN00160483. Complaint IN00160483-Substantiated. Federal/state deficiencies related to the allegations were cited at F314. Survey Dates: December 11 & 12, 2014 Facility number: 000082 Provider number: 155165 AIM number: 100289640 Survey team: Gwen Pumphrey, RN-TC Josh Emily, RN Census bed type: SNF/NF: 115 Total: 115 Census payor type: Medicare: 27 Medicaid: 65 Other: 23 Total: 115 Sample: 8 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.	F000000	We respectfully request paper compliance for the F314 cited in this survey.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality Review completed on December 18, 2014, by Brenda Meredith, R.N.			
F000314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on interview and record review, the facility failed to ensure preventable measures were taken to prevent a pressure ulcer. A resident admitted without impaired skin integrity acquired avoidable area to the coccyx. This deficient practice affected 1 of 3 residents reviewed for pressure ulcers. (Resident #A). Finding includes: Resident A's clinical record from the	F000314	1. Resident A no longer resides at the facility.2. All residents have the potential to be affected by the alleged deficient practice. Licensed nurses will have been re-educated on the skin management program on or before 1/11/15 by the CEC/designee.3. Skin sweeps were completed by wound team on 12/15/14 to ensure all residents with skin concerns were identified and interventions in place. If new skin concerns identified, interventions were initiated per physicians order and plan of care.Skin	01/11/2015

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	hospital was reviewed on 12/11/14 at 8:45 a.m. The resident had diagnoses including but not limited to, obesity, diabetes, hepatitis, and high blood pressure. An initial nursing assessment, dated 7/24/14, indicated the resident's skin was intact. A weekly skin assessment, dated 11/10/14 3:22 p.m., indicated the resident had an open area in the abdominal fold. A weekly skin assessment, dated 11/17/14 at 2:58 p.m., indicated the resident had an open area in the abdominal fold. A transfer form, dated 11/24/14 at 4:19 p.m., indicated the resident was transferred to [named] hospital and the resident had an area to the abdomen. The emergency room documentation, dated 11/24/14 at 5:00 p.m., indicated the resident was admitted to the ER (Emergency Room) with a Stage 2 (partial thickness loss of dermis) pressure ulcer to the coccyx. An Infection Disease Consultation, dated 11/24/14 at 5:31 p.m., indicated the resident had a..."wound on [resident]		sweeps will be completed to include all residents weekly by the wound team - any new identified areas will be reported to the MD immediately and treatment obtained, preventable measures in place, POA notified and plan of care updated.Weekly skin summaries completed by the licensed nurses will be audited by the wound nurse/designee weekly to ensure 100% compliance and acccuracy of current condition - any new areas identified will be assessed by the wound nurse/designee, MD/POA notified and treatment obtained.Wound team will continue to make weekly rounds on residents identified with skin impairment to ensure devices are in place for prevention of skin breakdown, notify the POA on current condition and notify physicians as changes are needed and that the plan of care is current/updated as needed.DNS/designee will be responsible to ensure compliance.4. To ensure compliance, the DNS/designee is responsible for the completion of the skin management program CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed	

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	buttock, which looks to be a pressure ulcer." During an interview on 12/11/14 at 9:00 a.m., the hospital wound nurse indicated when a pressure area is found within 24 hours of admission it is considered community acquired. The nurse indicated she initially assessed Resident A and provided recommendations to the physician for treatment. The nurse indicated the treatments were provided throughout Resident A's hospital stay. The nurse indicated the pressure ulcer was not healed at discharge. On 12/12/14 at 10:00 a.m., LPN #1 indicated Resident A had an area to the abdominal fold and redness in the periarea. On 12/12/14 at 10:15 a.m., RN #1 indicated the resident only had an area to the abdominal fold. RN#1 indicated the last time she observed the residents skin was 11/20/14. On 12/12/14 at 10:25 a.m., the Director of Nursing indicated she was not aware of any other open areas for Resident A. When asked to provide evidence of assessment, monitoring, and treatment to Resident A's Stage 2 pressure ulcer to the		to ensure compliance.5. 1/11/15.	

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	coccyx, the DON and RN #1 were unable to provide an explanation. A copy of the policy titled "Skin Management Program," was provided by the Administrator on 12/11/14 at 11:57 a.m. The policy indicated,..."Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort an effort to assess overall skin condition, skin integrity, and skin impairment." This Federal tag relates to Complaint IN00160483. 3.1-40 (a)(1) 3.1-40 (a)(2)			