

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2013
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NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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F0000	<p>This visit was for the Investigation of Complaint IN00122381.</p> <p>Complaint IN00122381 Substantiated. Federal/ state deficiencies related to the allegations are cited at F 254.</p> <p>Survey dates: January 16, and 17, 2013</p> <p>Facility number : 000250 Provider number: 155359 AIM number: 100289980</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 4 Medicaid: 39 Other: 8 Total: 51</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Date of Compliance 2/2/2013.	

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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	Quality review completed 1/18/13 by Randy Fry RN.				

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F0254 SS=E	<p>483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION The facility must provide clean bed and bath linens that are in good condition.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a sufficient amount of bed pads were available to ensure clean bedding. This had the potential to affect 20 of 26 incontinent residents residing in the facility.</p> <p>Findings include:</p> <p>During a tour of the linen areas on 1-16-2013 at 9:35 AM, the Assistant Director of Nursing (ADON) indicated linen was stored in the linen storage. No bed pads were observed in the room. She further indicated linen was stored on 3 separate carts on the halls. No bed pads were observed on the hall linen carts.</p> <p>In an interview on 1-16-2013 at 10:48 Am, the ADON indicated no bed pads were in use during the day as the facility provided disposable wipes and briefs for all of the incontinent residents.</p> <p>In an interview on 1-16-2012 at 11:00 AM, the Housekeeping and Laundry Supervisor indicated bed pads were</p>	F0254	<p>F 2541. Incontinent pads were order on 1/16/13 and placed in linen closet to meet the needs of residents.2. All residents have the potential to be affected.3. Laundry/Housekeeping Manager will be inserviced on linen supply for residents per her District Manager. Laundry/Housekeeping Manager will complete inventory weekly times 8 weeks and then monthly times 4 months.4. Results of these audits will be submitted to Risk Management Quality Assurance Committee for review monthly for recommendations of audits to acheive 100% compliance.Compliance Date 2/2/13</p>	02/02/2013	

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	<p>used only at night for a limited number of residents. She further indicated the bed pads were provided to the staff at about 6 PM each evening and then the balance of the pads needed until the residents got up in the morning were placed in the linen closet. She further indicated she made sure there were 24 pads out at a time.</p> <p>During an observation of the clean linen area, on 1-16-2013 at 11:00 AM, the Housekeeping and Laundry Supervisor indicated the pads that were clean. The pad count observed was 8. The Housekeeping and Laundry Supervisor indicated some pads were still in the washer and dryer.</p> <p>A document provided by the Administrator on 1-16-2013 at 12:42 PM indicated the facility had 26 incontinent residents.</p> <p>In an interview on 1-16-2013 at 7:44 PM, CNA #1 indicated there were not enough pads out to keep the residents from soiling their beds. She indicated 10 residents on the West hall and 3 residents on South hall utilized bed pads at night. CNA #1 indicated bed pads had been already placed for the evening.</p>						

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	<p>In an interview on 1-16-2012 at 7:48 PM, CNA #2 indicated the bed pads were always located in the linen room and never located on the hall linen carts. She further indicated there were not enough bed pads to go around. CNA #2 further indicated 7 residents on East hall utilized bed pads at night.</p> <p>In an observation on 1-16-2013 at 7:52 PM 35 bed pads were observed in the linen room. No hall carts had any bed pads.</p> <p>In an interview on 1-16-2013 at 7:55 PM, Laundress #3 indicated she had placed the complete amount of pads allotted for the night into the linen room.</p> <p>In an interview on 1-16-2013 at 7:58 PM, LPN #4 indicated the pads should be changed whenever soiled which varied for most residents, some required bed pads every 2 hours, and some only 1 other change during the night.</p> <p>In an interview on 1-17-2013 at 10:26 AM, CNA #5 indicated when she worked evenings, residents required changing an average of 3 times per night. CNA #5 further indicated there</p>						

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	<p>should be enough pads to allow the residents to be changed.</p> <p>In an interview on 1-17-2013 at 11:12 Am, the Administrator indicated there should have been more pads on hand.</p> <p>3.1-19(g)(4)</p>				