

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 09/03/2013
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NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMUNITIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 401 SE SIXTH ST EVANSVILLE, IN 47713
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R000000	<p>This visit was for the Investigation of Complaint IN00134486.</p> <p>Complaint IN00134486 - Substantiated, State findings related to the allegations are cited at R217 and R349.</p> <p>Survey date: September 3, 2013</p> <p>Facility number: 011274 Provider number: 011274 AIM number: N/A</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: Residential: 96 Total: 96</p> <p>Census payor type: Medicaid: 89 Other: 7 Total: 96</p> <p>Sample: 6</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on</p>	R000000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective October 2, 2013 to the state findings of the complaint survey conducted on September 3, 2013.</p>	
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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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	September 4, 2013, by Jodi Meyer, RN			

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview, observation, and record review, the facility failed to update the service plan of a resident with a fractured hip, for 1 of 4 residents reviewed with service plans, in a sample of 6. Resident A</p> <p>Findings include:</p>	R000217	The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident A has had his service plan reviewed and updated to reflect the resident's current condition and needs. The corrective action taken for the other residents having the	10/02/2013			

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	<p>On 9/3/13 at 8:50 A.M., during the initial tour, the Assistant Director of Nursing (ADON) and LPN # 1 indicated Resident A had an open area on his heel. The ADON and LPN # 1 indicated the resident was readmitted to the facility from the hospital with the area, following hospitalization for a fractured hip. The ADON indicated the resident was on "15 minute checks" for safety reasons.</p> <p>On 9/3/13 at 9:05 A.M., Resident A was observed lying in bed with a protective boot on his left leg. LPN # 1 removed a dressing from the resident's left heel. A small open area was observed on the resident's left heel. The wound bed had a scant amount of yellow tissue present.</p> <p>The clinical record of Resident A was reviewed on 9/3/13 at 9:20 A.M. Diagnoses included, but were not limited to, Alzheimer's dementia and fractured left hip.</p> <p>A Resident Evaluation, dated 7/1/13, indicated: " Mobility, Requires supervision or escort assistance, Transfer, Independent...Hygiene/Dressing, Requires some physical assistance,</p>		<p>potential to be affected by the same deficient practice is that the facility has conducted a housewide review of all service plans and updated the service plans as necessary to reflect current resident condition and need. The measures or systematic changes that have been put into place is ensure that the deficient practice does not recur is that the new assistant director of nursing has been in-serviced on her responsibility for ensuring that each service plan is up-dated when warranted. She has been educated on her responsibility for reviewing the 24 hour shift report daily Monday through Friday along with any new physician orders for any potential changes in the residents' condition that would warrant a change in the service plan. The corrective action taken to monitor performance to assure compliance is that a Quality Assurance tool has been developed and implemented to monitor accuracy of service plans. This tool will be competed by the Director of Nursing or designee weekly for four weeks, then monthly for three months, then quarterly for two quarters. The outcome of this tool will be reviewed at the quarterly Quality assurance meeting to determine of any additional action is warranted.</p>	

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	<p>Toileting, Independent, Housekeeping, Manages with regularly scheduled housekeeping, Activites, Occasioanl staff assist with time structure...Decision-making appropriate, Mental Status, Oriented...."</p> <p>A Resident Service Plan, dated 7/1/13, indicated: "Mobility, Encourage safety precautions, Transfer, No services needed, at this time...Toileting, No services needed, at this time. Housekeeping, No services needed at this time...Activities, Assist to activites of choice for socialization, Mental Status, Provide an oppportunity for resident to share feelings...."</p> <p>The resident was readmitted to the facility on 8/7/13, following hospitalization for a fractured hip.</p> <p>A Resident Evaluation, dated 8/7/13, indicated: "Mobility, Requires total assistance, Res. [resident] is assistance R/T [related to] recent hip fx [fracture], ambulation unsafe until therapy deems safe, Transfer, Requires total assistance, Res. poor safety awareness/assistance R/T hip fx, Alarm in place as reminder for resident to wait for assistance, 15 min [checks] to ensure compliance...Res.</p>			

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	<p>must be assisted for toileting R/T fall risk, Unable to manage free/existing time structure, Decision-making, Moderate impairment, Mental Status, Moderate Impairment...."</p> <p>An updated Service Plan was not found in the clinical record.</p> <p>On 9/3/13 at 1:40 P.M., during interview with the Director of Nursing (DON) and Administrator, she indicated the previous ADON was responsible for service plans, and had been terminated 2 weeks previously. The Administrator indicated the previous ADON was to have performed a 100% audit of residents' charts to ensure service plans were up to date.</p> <p>This State finding relates to Complaint IN00134486.</p>				

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview, observation, and record review, the facility failed to completely document the appearance of a resident's heel upon readmission, until documentaion of an open area 5 days after readmission, for 1 of 4 residents reviewed regarding documentation, in a sample of 6. Resident A</p> <p>Findings include:</p> <p>On 9/3/13 at 8:50 A.M., during the initial tour, the Assistant Director of Nursing (ADON) and LPN # 1 indicated Resident A had an open area on his heel. The ADON and LPN # 1 indicated the resident was readmitted to the facility from the hospital with the area.</p> <p>On 9/3/13 at 9:05 A.M., Resident A was observed lying in bed with a protective boot on his left leg. LPN #</p>	R000349	The corrective action take for those residents found to be affected is that the nurse that was responsible for completing the physical assessment of the resident identified as resident A has received inservice training on completing a thorough physical assessment of residents upon returning to the facility following a hospital stay. The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a head to toe body assessment has been completed on any resident who has returned tot the facility from a hospital stay within the past 30 days to ensure that if any skin conditions are present, that there is a thorough description of the areas in the clinical record and an appropriate treatment is in place. The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory licensed nurse in-service has been conducted on the facility's policy as it relates to	10/02/2013			

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	<p>1 removed a dressing from the resident's left heel. A small open area was observed on the resident's left heel. The wound bed had a scant amount of yellow tissue present. LPN # 1 indicated at that time that the area had improved quite a bit.</p> <p>The clinical record of Resident A was reviewed on 9/3/13 at 9:20 A.M. The resident was readmitted to the facility on 8/7/13 following hospitalization for a left hip fracture.</p> <p>An Admission Nursing Assessment, dated 8/7/13 and untimed, indicated: "Skin, Incision Line [left] hip. Has drsg [dressing] intact on [left] hip [with] no visible drainage." An anatomical drawing did not include any notations regarding a pressure area on either heel. Documentation did not indicate a pressure area was on either heel.</p> <p>Nurses Notes included the following notations:</p> <p>8/12/13 at 2:00 P.M.: "Reported to [name of physician] of noted open area on [left] heel where blister area had opened. Area 4 cm L [length] and 3 cm W [width]. No drainage noted. Order received for tx [treatment]...."</p> <p>Documenation of a blister or pressure</p>		<p>documenting the findings of a thorough skin assessment upon the resident's return from a hospital stay. The nurses were advised that it is the responsibility of the admitting nurse to ensure that a thorough skin assessment was conducted upon readmission form the hospital including descriptive documentation of all skin issues. The corrective action taken to monitor to assure compliance is that a Quality Assurance tool has been developed and implemented to monitor the documentation related to any skin issues upon a resident's readmission to the facility following a hospital stay. The tool will be completed by the Director of Nursing or designee weekly for four weeks, then monthly for three months and then quarterly for two quarters. The outcome of this tool will be reviewed at the facility's quarterly Quality Assurance Committee meeting to determine of any additional action is warranted.</p>				

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	<p>area on the resident's heel was not found prior to 8/12/13.</p> <p>On 9/3/13 at 1:40 P.M., during interview with the Director of Nursing (DON), she indicated the resident was readmitted to the facility with "mushy heels." She indicated she had inserviced her staff regarding complete documentation of skin issues.</p> <p>This State finding relates to Complaint IN00134486.</p>			