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 10/08/2013

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

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F000000	This visit was for the Investigation of Complaint #IN00137295. This visit resulted in a partially extended survey - substandard quality of care. Complaint IN00137295 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323, F465, and F469. Survey dates: October 7 and 8, 2013. Facility number: 000082 Provider number: 155165 AIM number: 100289640 Survey Team: Gloria J. Reisert, MSW/TC Joan Laux, RN Sunny Jungclaus, RN Jennifer Carr, RN (10/8/13) Census bed type: SNF/NF: 110 Total: 110 Census payor type: Medicare: 17 Medicaid: 72 Other: 21 Total: 110	F000000		

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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	Sample: 8 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on 10/16/13 by Cheryl Fielden, RN			

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F000323 SS=F	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review, observations and interviews, the facility failed to maintain safe water temperatures in the resident bathrooms on 4 of 4 halls, 2 of 2 tub rooms, 1 of 1 unit dining room/activity area (Cottage) and 1 of 1 main dining room during 1 of 2 survey days. (10/7/13) Findings included: 1. During random water temperatures on 10/7/13 between 11:00 a.m. and 11:35 a.m., the following was observed: a. second floor tub room - 165.8 Fahrenheit [F] b. Room 202 - 183.6 F c. Room 247 - 162 F d. Room 246 - 163.8 F An interview with Resident #I at this time indicated he did not pay much attention to the water when he washed his hands. Review of a list of residents who were deemed Alert and Oriented as	F000323	F323 The facility does ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. 1. No residents were harmed. Resident bathrooms, dining areas and Cottage activity area have temperatures maintained between 110 and 120 degrees. 2. All residents have the potential to be affected. Defective equipment shut off following report from surveyor that temperature was registering at 143 degrees on 10/7/13. 3. Repairs completed by licensed plumber on 10/9/13. All facility sinks, tubs, dining areas checked by Maintenance Director to assure that water was at appropriate temperatures. Staff re-educated on Maintenance Request/Work Order process to indicate concerns/safety hazards accordingly by CEC on 10/29/13. Maintenance Director/designee will check rooms on all units, all dining areas and shower rooms daily to assure appropriate water temperatures x 7 days per week. Any water temperatures found to	10/30/2013

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	presented by the Social Worker on 10/7/13 at 10:45 a.m., failed to list Resident #I. e. Room 263 - 148 F f. Room 254 - 157.5 F g. Main Dining Room - 134.4 F h. first floor tub room - 134 F i. Room 101 - 130.6 F An interview with Resident #J at 11:20 a.m., indicated that she warned staff or anyone else coming into the room to use the water that it was extremely hot and needed to turn the cold on right away. She indicated she had never gotten burned because when she saw the steam, she immediately turned the cold water on. She also indicated that it only took a few seconds before one would see steam coming out of the faucet and that apparently it was a chronic problem and staff knew it. j. Room 110 - 123.4 F k. Room 117 - 125.8 F 2. During a random water temperature check on the Cottage unit (Dementia unit) on 10/7/13 between 11:35 a.m. and 11:45 a.m., the following was observed: a. Cottage Dining Room - 143.8 -		be outside of acceptable perimeters will be corrected immediately. 4. Maintenance Director/designee to monitor water temperatures daily x 7 days per week and report any temperatures outside of acceptable perimeters to the Executive Director immediately. Will monitor monthly through Safety Committee Meeting and CQI process with IDT x 6 months. If 100% threshold is not achieved, action plan will be developed. 5. 10/30/13.	

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	residents were observed in this area at this time as they were preparing for their lunch trays and involved in an activity. b. Room 150 - 122.3 F c. Room 157 - 128.3 F d. Room 162 - 124.0 F While doing the water temperature checks, the hot water was observed to come out of the faucet steaming within a few seconds of turning the faucet on. During an interview with CNA #2 [Certified Nursing Assistant] on 10/7/13 at 11:00 a.m., she indicated that all the staff complained of the water being too hot and that Maintenance and upper level staff were aware of it. She indicated the water in the Main Dining room, Room 202 and another room on the other hall were extremely hot to the touch. During an interview with Housekeeper #1 on 10/7/13 at 11:10 a.m., she indicated she thought the water temperatures were just fine. During an interview with CNA #3 at 11:15 a.m., she indicated that all the staff know the water was hot and were careful. She indicated that as far as she knew, no resident or staff			

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	member had been burned and that the facility had been told it was too hot, but nothing seemed to get done about it. During an interview with CNA #4 on at 11:22 a.m., she indicated that she always let the residents feel the water while she adjusted it for them to be sure it was the right temperature. She also indicated that at times the water will be awfully hot. During an interview with CNA #5 at 11:25 a.m., she indicated that occasionally the water would be too hot. In an interview with the Maintenance Director and the Administrator on 10/7/13 at 11:45 a.m., They indicated "We had a hot water heater go bad in the kitchen which was causing the hot water temperatures to spike in the resident bathrooms. We replaced it awhile back and it didn't help. So we replaced a mixing valve which we thought was the reason the temperatures were spiking but it didn't help as we still had occasional spikes. When those occurred, I [the Maintenance Director] came in and manually re-adjusted it every time. I do take water temperatures at the time of these spikes and I also fix it by			

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	letting out all of the hot water of the tanks which then bring down the temperatures. I have not had a chance to check the hot water temperatures today." In an interview with the Administrator at 12:50 p.m., she indicated that she knew the Maintenance Director was taking the temperatures, but didn't realize he was not recording them to check for patterns. During an interview with [name of plumbing company] on 10/7/13 at 12:50 p.m., they indicated that the hot water problems have been an issue for several months off and on as everyone was having trouble figuring out what the problem was. The plumber indicated that at this point, the boiler will have to be shut down as it was the only way to control the temperatures from being hot enough to cause a resident to be seriously injured. During an interview with the Administrator at 1:12 p.m., she indicated the the facility did not have a specific policy for "Water Temperatures" and that the facility followed the State rules for what the temperatures were supposed to be - 100 and 120 degrees F.			

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	Review of the Preventative Maintenance logs of water temperatures for June through October 2013 as presented by the Maintenance Director on 10/7/13 at noon, indicated random checks had been done daily and ranged between 103 and 119 degrees F with 2 days of 121 and 122 degrees. During an interview with Resident #I on 10/7/13 at 11:10 a.m., he indicated he did not pay attention to notice if the water was too hot or not when washing his hands. During an interview with Resident #O on 10/7/13 at 3:15 p.m., she indicated "Every time I got to take a bath, the water is too hot. I told a nurse about it too." Random interviews with residents on 10/8/13 deemed alert and oriented by the Social Worker on 10/7/13 at 10:45 a.m., indicated the following: - 10:10 a.m. - Resident #K - "Water too hot and you had to be careful. The staff knew it too." - 10:15 a.m. - Resident #L - "Water is often very hot. I believe staff are aware." - 4:10 p.m. - Resident #M - Hot water is very hot. As soon as you turn on			

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	the hot water, you would see steam and you knew to turn the cold water right on. I never got burned and did tell staff about it." - 4:20 p.m. - Resident #N - "I always watched how I turned the water on - I knew it was too hot, so I made sure to automatically turn the cold water on too." - 4:25 p.m. - Resident #O - "I did hear maintenance was talking to residents and staff about the water being too hot. A couple weeks ago, the CNA brought me a pan of water to wash myself up and it was steaming. I like a hot bath, but I had to let the pan sit and cool off for awhile because you could barely wring the washcloth out it was so hot. I even had the CNA bring me some cold water later to cool it down so I could take my bath as it was still too hot." This Federal tag is related to Complaint IN00137295. 3.1-45(a)(1)			

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F000465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on record review, observation and interview, the facility failed to ensure the resident bathroom environment was safe and sanitary on 1 of 4 units in that the ceiling tiles above the commode in 2 of 10 resident bathroom rooms in the Cottage unit were heavily stained from water, bulging in areas and/or were hanging loose from the brackets. (Rooms 157/155 shared bathroom and Rooms 160/162 shared bathroom). Finding included: During a random check of the bathroom's water temperature for Rooms' 157/155 shared bathroom on 10/7/13 at 11:36 a.m., the ceiling tiles directly above the commode were observed to be heavily stained brown and appeared to be bulging in areas, especially around the air vent in the tile. During a random observation of the bathroom's water temperature for Rooms' 160/162 shared bathroom on 10/7/13 at 11:38 a.m., the ceiling tiles	F000465	F465The facility does provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. 1. No residents were harmed. Ceiling tiles in rooms 155/157 and 160/162 were replaced. 2. All residents have potential to be affected. Ceiling tiles in bathrooms of room 155/157 and 160/162 were replaced. 100% audit of all facility ceiling tiles was conducted for any broken or stained ceiling tilies. Broken or stained ceiling tiles throughout the facility were replaced. 3. Bathrooms located on 2nd floor above these rooms were checked and repairs made as needed to prevent leakage. Broken or stained ceiling tiles throughout the facility were replaced. Staff re-educated on Maintenance Request/Work Order process to indicate repairs as needed by the CEC on 10/29/13. Work orders will be monitored by Executive Director/designee to ensure completion. Customer Care representative will monitor through Customer Care rounds and report any environmental issues to Executive Director/designee. 4. Maintenan	10/30/2013

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	directly above the commode were observed to be heavily stained brown and appeared to be bulging in areas. The ceiling tile which contained the air vent and was also directly above the commode, was observed to be hanging half way loose from the bracket. In an interview with CNA [Certified Nursing Assistant] #1 and LPN #2 at 11:40 a.m., they indicated they were unaware of how long the ceiling tile had been hanging loose or that it was even loose. They acknowledged that it posed a risk of resident injury if it fell. During an observation of the ceiling tiles in these 2 rooms again on 10/7/13 at 11:45 a.m. with the Maintenance Director and Memory Care Unit Coordinator, they indicated that there were 2 residents on second floor who liked to flood their commodes for attention and that the water would seep down and affect the tiles in these rooms causing the tiles to been replaced often. Both also indicated they were not aware of the tiles in Rooms 160/162 bathroom were coming loose and hanging down from the bracket. Observation of the tiles during this		ce Director/designee to monitor during daily rounds x 5 days per week and replace as needed. Will monitor monthly through CQI process with IDT x 6 months. If threshold of 95% is not achieved, action plan will be developed. 5. 10/30/13.	

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	interview, noted the ceiling tile had been pushed back into the bracket, although it was broken in several places and continued to bulge. Observations of both shared bathrooms on 10/7/13 at 2:55 p.m., indicated the ceiling tiles remained as previously observed at 11:45 a.m. during the interview with Maintenance and the Memory Care Unit Coordinator. This Federal tag is related to Complaint IN00137295. 3.1-19(f)			

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F000469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. Based on observations, interviews and record review, the facility failed to maintain an effective pest control program on 1 of 4 halls in that gnats/fruit flies were observed coming from a sink drain during 2 of 2 survey days. (Cottage hall) Findings included: 1. During an observation of the Cottage unit dining room on 10/7/13 at 11:35 a.m., the following was observed: Multiple gnats/fruit flies were observed coming up out of the drain and sink and flew around the sink area. Several of the bugs were also observed sitting on the edge of the sink upon approach. Residents were in the dining room at this time preparing for the lunch trays. 2. During an observation of the Cottage unit dining room on 10/7/13 at 2:55 p.m., the following was observed: Multiple gnats/fruit flies were observed flying around and in the sink and counter. Residents were observed in the dining room at this time involved in an activity.	F000469	F469 The facility does maintain an effective pest control program so that the facility is free of pests and rodents. 1. No residents were harmed. Pest Control company notified and made on site visit. Maintenance Director cleaned/snaked pipes and drain to assure cleanrance of any build up. 2. All residents have the potential to be affected. Pest Control company notified and made on site visit. Maintenance Director cleaned/snaked pipes and drains in the Cottage kitchen, main kitchen and shower rooms to assure clearance of any build up. 3. Pest control product/spray in place for as needed usage. Pest Control Monitoring Log in place to be completed by Cottage staff. Pest Control company will be notified immediately of any reports of pests by the Maintenance Director/designee for erradication. Staff re-educated on Pest Control Monitoring Log and keeping Cottage kitchen area free of debris by CEC on 10/29/13. 4. Monthly visits from Pest Control company to continue with as needed visits scheduled. Maintenance Director/designee to monitor area for further signs of pest activity. Staff re-educated	10/30/2013

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	3. During an observation of the Cottage unit dining room on 10/8/13 at 10:35 a.m., the following was observed: too numerous to count gnats/fruit flies in the left sink drain which had then flown up and around upon approach to the sink, with some landing on the counter surrounding the sink. Residents were observed in the dining room at this time involved in an activity. At 10:38 a.m. on 10/8/13, a request was made for a copy of the facility's Pest Control logs for the last 6 months to the Maintenance Director. At 12:30 p.m., he presented copies of the logs. Review of these logs at this time indicated the following: a. April 26, 2013 - Common Areas: Light activity of small flies. Plumbing repairs needed in B wing (Cottage unit); small flies are breeding in the sink pipes. b. May 16, 2013 - Common Areas: Light activity of small flies. Plumbing repairs needed in B wing Kitchen; small flies are breeding in the sink pipes. c. June 26, 2013 - Common Areas -		on Pest Control Monitoring Log. Will monitor monthly through CQI process with IDT x 6 months. If threshold of 100% is not achieved, an action plan will be developed. 5. 10/30/13.	

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	Light activity of fruit flies. Plumbing repairs needed in B wing kitchen; small flies are breeding in the sink pipes. d. July 10, 2013 - Common areas - Light activity of fruit flies. Plumbing repairs needed to be done in B wing kitchen; small flies are breeding in the sink pipes. e. August 6, 2013 - Common Areas - Light to Medium activity of Cluster Fly and Drain/Moth flies. Review of the pest sightings log kept by the Maintenance Director also indicated: - 6/24/13 - gnats in Cottage dining room; Rooms 162 207, 211, 212, 208, 213, 263, and 262; Kitchen. - 9/27/13 - gnats in Room 211 - 10/7/13 - flies/gnats in dining room At 1:50 p.m., during an interview with the Administrator and the Maintenance Director, the Maintenance Director indicated " The pest control guys would list the amount of activity they had seen at each visit and the Common Area was the Cottage (B Hall). I spoke with pest control guys about the plumbing repairs they kept referring to each visit and they assured me they were			

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	going to remove it from the documentation. I fixed the sink trap a year ago and that took care of the problem. Those gnats you see are not coming from the sink so there are no repairs that need to be made. I never did check after I replaced the sink trap a year ago if there were anymore gnats and if so, where they may have been coming from." They also indicated that a lot of times the dirty dishes would sit in the Cottage sink from the night before and then were taken down to the kitchen the next day. The Administrator felt that this may also be causing some of the issues with gnats. 4. During an observation of the Cottage unit dining room on 10/8/13 at 4:10 p.m., the following was observed: numerous gnats/fruit flies were observed sitting on the edge of the left side of the counter sink. Residents were observed in the dining room at this time involved in an activity and preparing for the evening trays. During an interview with LPN #1 on 10/8/13 at 4:25 p.m., she indicated that the staff on the unit were responsible for cleaning up after a			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155165	A. BUILDING 00 B. WING	10/08/2013

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	meal and making sure the dishes were returned to the kitchen and housekeeping would then come and do the major cleaning. On 10/7/13 at 4:00 p.m., the Administrator presented a copy of the facility's current Policy and Procedure titled "Pest Control". Review of this policy at this time included, but was not limited to: "Policy: The facility shall have a pest control procedure that will maintain an environment free of pest. Purpose: To provide an environment free of pests. Components:...7. All staff should practice pest prevention, including but not limited to: a. Keep food storage and preparation areas clean..." This Federal tag is related to Complaint IN00137295. 3.1-19(f)(4)			