

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 10/03/2014
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NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062
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R000000	<p>This visit was for the investigation of complaint IN00156512</p> <p>Complaint IN00156512-Substantiated. State deficiencies related to the allegations are cited at R0006 and R0144.</p> <p>Survey date: October 3, 2014</p> <p>Facility number: 004417</p> <p>Provider number: 004417</p> <p>AIM number: N/A</p> <p>Survey team: Sandra Nolder, RN-TC</p> <p>Census bed type: Residential: 99 Other: 99</p> <p>Census payor type: Other: 99 Total: 99</p> <p>Sample: 6</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN 00156512.</p>	R000000	<p>This creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and request Desk Review in lieu of a Post Survey Review on or after October 25,2014.</p>	

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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R000006	<p>Quality review completed 10/7/14 by Brenda Marshall, RN.</p> <p>410 IAC 16.2-5-0.5(f)(1-5) Scope of Residential Care - Deficiency (f) The resident must be discharged if the resident: (1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident ' s choice to provide those services; (4) is not medically stable; or (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting. (C) Requires total assistance with transferring.</p> <p>Based on interview and record review, the facility failed to discharge a resident who required total assistance with transfers and toileting for 1 of 6 residents reviewed for Activities of Daily Living (ADL's). (Resident C)</p> <p>Findings include:</p>	R000006	Resident was on therapy services to reduce transfer assistance. Family was involved with plan from a meeting on Sept. 25, 2014. When it was determined that resident transfer ability was not improving, a meeting was held with family on 10-18 and resident was transferred to skilled nursing facility. Residents with increasing transfer needs will be	10/18/2014

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	<p>Resident C's record was reviewed on 10/3/14 at 5:52 P.M. Diagnoses included, but were not limited to cerebrovascular accident with hemiparesis, and chronic debility.</p> <p>A document titled "Residential Individual Service Plan" dated 9/25/14, indicated the resident's ambulation and transfer needs were assisted by staff. The section indicated the resident stood and pivoted. Bathing indicated assisted by staff daily with hands on assistance from 5 to 6 A.M. The Safety Needs area indicated the resident required a gait belt and he was a high fall risk. He received Physical and Occupational therapy for weakness and gait disturbances.</p> <p>A document titled "Residential Individual Service Plan" dated 3/19/14, indicated the resident's ambulation needs were assisted by staff and his transfer needs were assisted by his wife. He stood and pivoted. Bathing indicated he was assisted by staff daily at 5 A.M. The safety needs indicated he required a gait belt for transfers due to he was a high fall risk due to he had severe balance disturbances.</p> <p>A current document titled "Agreement for Residential Healthcare Services" dated 3/19/14, indicated the resident's</p>		<p>discussed during risk meeting and plan will be in place for therapy, additional care from outside provider or family, or discharge plan. The DON and Administrator will coordinate care with residents. Executive Director and DON went through each resident care plans for transfer status. No other resident was identified with transfer deficiencies. All at risk residents are discussed during daily (M-F) interdisciplinary team meeting. The monitoring will be ongoing and overseen by Executive Director.</p>	

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	<p>bathing required hands on assistance with bathing greater than three times weekly at 5 A.M. daily. His transports and transfers needs indicated he required physical assistance needed with transferring within apartment on a daily basis. His toileting and incontinence needs indicated the resident required reminders for toileting needs and the staff emptied his urinal daily and he required assistance with toileting or incontinence up to three times daily. The resident required hands on assistance with undressing one time daily and hands on assistance one time daily with dressing.</p> <p>A document titled "Fall Review" dated 4/19/14, indicated his mobility was unsteady, he ambulated with the assist of a person, he had balance impairments and he was unable to transfer or ambulate. The environment area indicated he ambulated with an assistive device.</p> <p>The resident's Mini Mental Interview dated 4/19/14 was 23, which indicated he was moderately impaired.</p> <p>A document titled "Resident Care Notes" indicated the resident was found on the floor on the following dates after his wife contacted the nursing staff to inform them he had fallen: On 5/13/14, the resident's wife was</p>			

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	<p>helping him into the wheelchair and he missed the seat.</p> <p>On 5/23/14, the resident's wife attempted to transfer him from his wheelchair to the recliner. Three staff members assisted him off the floor.</p> <p>On 5/31/14, the resident's wife attempted to transfer him and he fell. Four staff members assisted him off the floor.</p> <p>On 6/5/14, the resident's wife attempted to transfer him out of the recliner into the wheelchair and he fell.</p> <p>On 9/4/14, the resident's wife attempted to assist him off the toilet into the wheelchair and he slipped onto the floor.</p> <p>A document titled "Resident Care Notes" indicated the following: On 5/23/14 at 3:30 A.M., "[Resident's name] has become less + less able to assist [medical abbreviation for with] AM showers/care. Routinely it takes > [greater] 1 hour + [plus] 2 persons to complete everything & is very difficult to safely lift + transfer as he places wt [weight] onto outside of foot and leans forward. Informed Clinical Services director so she may further assess."</p> <p>On 8/21/14 at 7:30 A.M., "...Res</p>						

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	<p>[resident] takes approx [approximately] 1 hr [hour] 10 min [minutes] for A.M. care daily & is now requiring daily presence of 2nd person in order to provide care. Res. will refuse to help bear weight + then curses at staff & wife when unable to just lift him... Will discuss situation [medical abbreviation for with] Director as risk for falls for both res, his wife + staff is continuing to increase d/t [due to] inability to bear any weight + behavior combined."</p> <p>On 9/25/14 at 4 P.M., "Service plan meeting w/ [with] Son... Will look for a male HHA [Home Health Aide] if available. Res [resident] informed that his am care is @ [at] 6 AM as he is a challenging transfer and needs a lot of care in the am."</p> <p>During an interview on 10/3/14 at 6:22 P.M., the DON indicated the resident was a challenging transfer because he buckled his knees during the transfer and told the staff and his wife if she was helping during the transfer to catch him. She indicated he did this 50% of the time during the transfers. She indicated he required a long time to get ready in the mornings. She indicated the staff would transfer him after they got him bathed to the toilet then his wife shaved him and when she was done, the wife called the</p>						

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R000144	<p>staff to have them transfer him back off the toilet. She indicated the nurses had educated and re-educated his wife regarding transferring him by herself and to call for help for assistance with transfers.</p> <p>A current document titled "Resident Move-Out Criteria (Indiana)" dated 1/1/13, provided by the Executive Director on 10/3/14 at 10:15 A.M., indicated "Purpose: Provide consistent resident continued stay and move-out (discharge/transfer) criteria... Procedure: 3.1 Reasons for Move-Out (Discharge/Re-Location) and/or Termination of Agreement: According to Indiana Regulations:...5. Meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident's needs: a. Requires total assistance with eating. b. Requires total assistance with toileting. c. Requires total assistance with transferring...."</p> <p>This State finding relates to Complaint IN00156512.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out,</p>			

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	<p>and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's apartment was free from odors and the carpet was free from stains for 1 of 3 apartments reviewed for clean, comfortable and homelike environments. (Resident B)</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 10/3/14 at 2:38 P.M. Diagnoses included, but were not limited to, dementia and anxiety.</p> <p>On 10/3/14 at 2 P.M., while knocking on the resident's door, a dog was whining at the resident's door and scratching on the resident's door. A urine odor could be smelled in the hallway while standing at the resident's door.</p> <p>During an interview on 10/3/14 at 2:05 P.M., CNA #1 indicated Resident B's dog did not use the bathroom outside because she locked the doggy door, so the dog used the newspapers the resident placed on the floor. CNA #1 indicated the resident placed the newspapers in the trash.</p> <p>During an observation on 10/3/14 at 2:55</p>	R000144	<p>Ongoing the Activity director will conduct a pet audit with owners to make sure that they are able to take care of them or have outside support for their pet.</p> <p>Housekeeping will be trained on reporting any concerns regarding on going pet care. They will notify Activity Director or Administrator. The dog in question has been discharged.</p> <p>Interdisciplinary team discussed all residents with pets, and their owners care for them. During an all staff meetings pet policy was discussed and employees questioned on their responsibilities and monitoring of resident own pets. Any situation arise from pet owners incapability to take care of pet will determine the motoring of the resident, and/or discharge of the pet.</p>	10/24/2014

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	<p>P.M., a white dog was in a kennel cage in Resident B's apartment. There were odors of urine and feces and the carpet had yellow and brown stains. Resident B indicated, at that time, the dog had urine and bowel movement accidents on the carpet.</p> <p>During an interview on 10/3/14 at 3:05 P.M., the Director of Nursing (DON) indicated the resident left the leash on the dog at times, so the dog could not get out the doggy door and the dog had accidents on the floor in her apartment.</p> <p>During an interview on 10/3/14 at 3:21 P.M., the Executive Director (ED) indicated on 9/21/14 the Maintenance Director had the resident's carpet in her apartment cleaned due to her dog accidents on the carpet.</p> <p>A document titled "Pets and Animals Policy" that was the Assisted Living Unit pet policy was dated 01/05/07, was provided by the ED on 10/3/14 at 10:15 A.M., indicated "...2.0 Procedure: 15. Residents may be allowed personal pets in their own rooms as allowed by state codes and at the Administrator's discretion under the following conditions: a. The resident must have the physical and mental capacity to care for the animal, including feeding,</p>						

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	<p>toileting and general cleaning of the animal's area (For example: bird or rabbit cage). If the resident does not have this capacity, at the discretion of the Administrator, there may be either a paid individual or family member who is willing to take on, in writing, the responsibility for caring for the pet. In this case, a viable back-up plan must be in place to ensure the pet is cared for in the absence of the responsible party. Staff may not take care of a resident's personal pet on a routine basis...."</p> <p>A document titled "The Wellness Journey Pets and Animals" that was the Memory Care Unit pet policy was undated, was provided by the ED on 10/3/14 at 4:15 P.M., indicated " 3.0 Procedure: 15. Residents may be allowed personal pets in their own rooms as allowed by state codes and at the Administrator's discretion under the following conditions: a. The resident must have the physical and mental capacity to care for the animal, including feeding, toileting and general cleaning of the animal's area (For example: bird or rabbit cage). If the resident does not have this capacity, at the discretion of the Administrator, there may be either a paid individual or family member who is willing to take on, in writing, the responsibility for caring for the pet. In</p>			
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	<p>this case, a viable back-up plan must be in place to ensure the pet is cared for in the absence of the responsible party. Staff may not take care of a resident's personal pet on a routine basis...."</p> <p>This State finding relates to Complaint IN00156512.</p>						