

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 02/17/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129
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F000000	<p>This visit was for Recertification and State Licensure Survey. This visit included Investigation of Complaints IN00134613, IN00133204, and IN00132553.</p> <p>IN00134613-Substantiated. Federal/state allegations are cited at F315 and F322.</p> <p>IN00133204-Substantiated. Federal/state allegations are cited at F315.</p> <p>IN00132553-Unsubstantiated due to lack of evidence</p> <p>Survey Dates February 6, 7, 10,11,12,13,14, &17, 2014</p> <p>Facility Number: 000082 Provider Number: 155165 AIM Number: 100289640</p> <p>Survey Team Gwen Pumphrey, RN-TC Gloria Riesert, MSW</p> <p>Census Payor Type SNF/NF: 99 Total: 99</p> <p>Census Bed Type Medicare: 10</p>	F000000	I respectfully request paper compliance related to the deficiencies cited in this survey. Thank you.	
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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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	<p>Medicaid: 60 Other: 29 Total: 99</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review on February 26, 2014 by Cheryl Fielden RN.</p>			

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the physician/dialysis center of the resident's continued non-compliance with the ordered 1500 cc fluid</p>	F000157	F157 - The facility does immediately inform the resident; consult with the residents physician; and if known, notify the residents legal representative or an interested family member	03/19/2014			

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	<p>restrictions. This deficient practice affected 1 of 1 resident reviewed for Dialysis. (Resident #161)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #161 on 2/14/14 at 9:15 a.m., indicated the resident had an order for 1500 cc [cubic centimeters] fluid restrictions dated 12/26/13.</p> <p>Review of the report of fluid intake titled "Vitals" as recorded by the CNAs [Certified Nursing Assistants] between 12/26/13 and 2/14/14, indicated the resident was consistently non-compliant with her fluid restrictions in that between what she drank at meals and what was given to her during med pass, she was over the allotted amount.</p> <p>Review of the nursing fluid restriction worksheet (Intake and Output) for the same time period indicated the resident was either below or right at 1500 cc.</p> <p>During an interview with the First floor Unit Manager on 2/14/14 at 11:35 a.m., she indicated that she was unsure why there was a difference between what nursing</p>		<p>when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the residents physical, mental or psychosocial status; a need to alter treatment significantly. The facility does promptly notify the resident and, if known, the residents legal representative or interested family member when there is a change in room or roommate assignment.1. The physician/dialysis center were notified immediately and determined a fluid restriction was not warranted for Resident #161 on 2/14/14.2. All residents have the potential to be affected. !00% audit completed 3/6/14 by Unit Manager for all residents with fluid restriction to determine compliance or notify physician of non-compliance.3. Licensed staff re-educated on fluid restriction protocol 3/12/14 by CEC/designee. DNS/designee will review residents on fluid restrictions daily to ensure residents are following physician orders or physician notified if non-compliant.4. To ensure compliance, the DNS/designee is responsible for the completion of the Fluid Restriction CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive</p>		

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	<p>was documenting on the Intake and Output record and what the CNAs were recording on the "Vitals" report. She indicated that the resident must be asking for extra fluids.</p> <p>During an interview with Resident #161 on 2/13/14 at 3:30 p.m., she indicated she would drink it whenever staff brought her something to drink.</p> <p>Documentation was lacking of the physician/Dialysis Center being notified of the resident's continued non-compliance with the set fluid restrictions.</p> <p>During the interview with the Unit Manager on 2/14/14 at 11:35 a.m., she also indicated the physician had not been notified of the resident's non-compliance.</p> <p>During an interview with the Director of Nursing on 2/17/14 at 4:50 p.m., she indicated that the facility's policy titled "Resident Change of Condition" did not address the fact the physician or dialysis needed to be notified of the resident's non-compliance with her fluid restrictions.</p> <p>3.1-5(a)(3)</p>		<p>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 to ensure compliance.</p>		

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F000247 SS=D	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on record review and interview, the facility failed to ensure residents were informed a new room/roommate change was going to occur prior to the move. This deficient practice affected 3 of 3 residents reviewed for room/roommate changes. (Residents # 45, #48 and #128)</p> <p>Findings included:</p> <p>1. During an interview with Resident #45 on 2/10/14 at 10:37 a.m., she indicated "New roommate here only 2 days. No one even told me I was getting a new one. She's ok I guess." Review of Resident #45's clinical record on 2/11/14 at 11:28 a.m., indicated documentation lacking of the resident having been notified she would be getting a new roommate. Review of her roommate's clinical record on 2/11/14 at 11:30 a.m., indicated the new resident was admitted on 2/7/14</p>	F000247	<p>F247 - The residents do have the right to receive notice before the residents room or roommate in the facility is changed.1. Residents will be notified of room changes per policy. SSD checked on Resident #45, #48 and #128 for psychosocial well being and with no concerns noted 3/6/14.2. All residents have the potential to be affected. SSD/designee audited medical records on 3/18/14 for last month for any resident who received room or roommate change to ensure notification occurred and was documented.3. Social Service staff re-educated 3/5/14 by CEC on room change policy. ED/designee will review documents during IDT meetings to ensure resident notified timely for any roommate or room changes.4. To ensure compliance, Medical Records/designee is responsible for the completion of the Social Service Documentation Review CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months and then</p>	03/19/2014	

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	<p>at 7:20 p.m.</p> <p>2. During an interview with Resident #48 on 2/10/14 at 9:35 a.m., she indicated she had gotten a new roommate a while back but didn't know it until after they moved her in. She indicated she did like her, but would have liked to know about it before it was done. When asked about when her old roommate was moved, she indicated she was very glad they moved her because she was frightened of the old roommate as she was mean to her.</p> <p>Review of the clinical record for Resident #48 on 2/11/14 at 2:09 p.m., indicated her old roommate was moved on 8/30/13. First notation regarding a new roommate was not made until 9/11/13 by nursing noting the resident had not voiced any concerns regarding new roommate. Documentation was lacking of the facility having notified the resident she would be getting a new roommate.</p> <p>3. During an interview with Resident #128 on 2/11/14 at 2:00 p.m., she indicated she moved into her current room back in September but was not</p>		<p>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 to ensure compliance.5. 3/19/14</p>		

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	<p>aware of where she was moving until after the move occurred nor could she recall why she was moved in the first place.</p> <p>Review of the clinical record for Resident #128 on 2/11/14 at 2:25 p.m., indicated the resident had a room change. Documentation was lacking of when the room change occurred. First documentation regarding a room change was on 9/9/13 when nursing indicated the resident was adjusting to room and roommate change.</p> <p>Interview with the Social Services Director on 2/13/14 at 5:00 p.m. indicated the family and resident were always informed of a room/roommate change. She indicated she was not here when Resident #48 and #128 were moved and could not say if they were told about it or not. She also indicated that it would be in her notes if she informed Resident #45 about getting a roommate.</p> <p>Review of the facility's current policy titled "[Name of Corporation] Intra-Facility Transfers" as presented by the Administrator on 2/12/14 at 9:27 a.m., included. but was not limited to: "Policy: Residents</p>			

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	<p>will be moved within the facility only when given appropriate notice and when meeting the qualifications below. Procedure:...3. An intra-facility transfer form will be completed prior to the room change. Information included in form are the following: a. Reason for the transfer , b. effective date of the transfer; 3. Name, address and telephone of the local and state long term care ombudsman;... 4. The form will be signed by the resident (if they are their own legal representative) or the resident's legal representative. The legal representative may be notified by phone prior to the transfer which shall be recorded on the intra-facility transfer form. 5. A copy of the form will be...kept in the medical record. 6. The receiving roommate and/or legal representative will be notified of the new roommate prior to the move. This notification will be documented in the medical record."</p> <p>3.1-3(v)(2)</p>			

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to provide medically related Social Services to residents when they were changing rooms and/or roommates to monitor for adjustment to the changes. This deficient practice affected 3 of 3 residents reviewed for room/roommate changes. (Residents #45, #48, and #128)</p> <p>Findings included:</p> <p>1. During an interview with Resident #45 on 2/10/14 at 10:37 a.m., she indicated "New roommate here only 2 days. No one even told me I was getting a new one. She's ok I guess." Review of Resident #45's clinical record on 2/11/14 at 11:28 a.m., indicated documentation lacking of the resident having been notified she would be getting a new roommate. Review of her roommate's clinical record on 2/11/14 at 11:30 a.m., indicated the new resident was admitted on 2/7/14 at 7:20 p.m. Documentation of</p>	F000250	<p>F250 - The facility does provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well being of each resident.1. Residents will be notified of room changes per policy. SSD/designee checked on Resident #45, #48 and #128 on 3/6/14 for psychosocial well being and with no concerns noted.2. All residents have the potential to be affected. SSD/designee audited medical records on 3/18/14 for last month for any resident who received room or roommate change to ensure notification occurred and was documented.3. Social Service staff re-educated 3/5/14 by CEC on room change policy. ED/designee will review documents during IDT meetings to ensure resident notified timely for any roommate or room changes.4. To ensure compliance, Medical Records/designee is responsible for the completion of the Social Service Documentation Review CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months and then quarterly to encompass all shifts until continued compliance is</p>	03/19/2014
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	<p>follow-up by the Social Worker with the resident for adjustment to the new roommate was also lacking.</p> <p>2. Review of the clinical record for Resident #48 on 2/11/14 at 2:09 p.m., indicated her old roommate was moved on 8/30/13. First notation regarding a new roommate was not made until 9/11/13 by nursing noting the resident had not voiced any concerns regarding new roommate. Documentation was lacking of the facility having notified the resident she would be getting a new roommate. Documentation of follow-up by the Social Worker with the resident for adjustment to the new roommate was also lacking.</p> <p>3. Review of the clinical record for Resident #128 on 2/11/14 at 2:25 p.m., indicated the resident had a room change. Documentation was lacking of when the room change occurred. First documentation regarding a room change was on 9/9/13 when nursing indicated the resident was adjusting to room and roommate change. Documentation of follow-up by the Social Worker with the resident for adjustment to the new roommate was also lacking.</p>		<p>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 to ensure compliance.5. 3/19/14</p>		

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	<p>Interview with the Social Services Director on 2/13/14 at 5:00 p.m. indicated the family and resident were always informed of a room/roommate change and that it was documented in her notes. She indicated she was not here when Resident #48 and #128 were moved and could not say if they were told about it or not. She also indicated that it would be in her notes if she informed Resident #45 about getting a roommate.</p> <p>Review of the facility's current policy titled "[Name of Corporation] Intra-Facility Transfers" as presented by the Administrator on 2/12/14 at 9:27 a.m., included but was not limited to: "Policy: 7. Social Services will follow up with both the resident who moved as well as the receiving roommate with in 72 hours of the move. Documentation will be placed as to the residents' adjustment to the move/new roommate."</p> <p>3.1-34(a)</p>				

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan which addressed the resident's ill-fitting and/or missing dentures and embarrassment caused by them. This deficient practice affected 1 of 1 resident reviewed for denture fit. (Resident #45)</p> <p>Finding includes:</p> <p>During an interview with Resident #45 on 2/10/14 at 10:41 a.m., the</p>	F000279	F279 - The facility does use the results of the assessment to develop, review and revise the residents comprehensive plan of care.1. Care plan developed and implemented to address the ill fitting dentures and embarrassment caused to Resident #45 on 3/6/14.2. All residents have the potential to be affected. 100% audit completed 3/18/14 by MDS/designee for residents wearing dentures to ensure care plan in place and addresses residents dental needs.3. Care plans will be reviewed quarterly by MDS/designee with MDS	03/19/2014	

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	<p>resident was observed to have loose top dentures with a build-up of plaque red in color from juice. The resident indicated "I broke the bottom denture awhile ago - want to get the teeth fixed but didn't know if Medicaid would pay for it or not. I told the nurse when i did it. My top is loose because I didn't put any stuff on them to hold them in."</p> <p>Random observations of the resident on 2/11/14 at noon and 2:30 p.m, 2/12/14 at noon and 2/14/13 at noon and 3:00 p.m., noted the resident's dentures to remain loose at times when talking. The resident also was still voicing a need to see the dentist again on 2/14/14 at 3:00 p.m.</p> <p>On 2/14/14 at 2:50 p.m., during an interview with the Medical Records Nurse, she indicated "The dentist said any notes regarding visits would be in the clinical record. The dentist also said Resident #45 refuses every time she is to be seen by the dentist. Didn't know there was a problem."</p> <p>On 2/14/14 at 3:40 p.m., an interview with CNA #11 indicated "Her dentures are loose frequently when she talks and gets a little</p>		<p>assessments to ensure appropriate dental care plans are in place. If resident refuses dental care a care plan will be developed by SSD/designee.4. Top ensure compliance, DNS/designee is responsible for the completion of the Care Plan Updating CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months 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 to ensure compliance.5. 3/19/14</p>				

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F000282 SS=D	<p>embarrassed by it. She does not always let us help her - she likes to still do things for herself."</p> <p>Review of the resident's care plans failed to locate a care plan which addressed the resident's missing and/or ill-fitting dentures and the embarrassment they cause.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure</p>	F000282	F282 - The facility does provide services by qualified persons in accordance with each residents	03/19/2014			

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	<p>physician orders for fluid restrictions were followed for one resident on fluid restrictions and the resident educated on risks when non-compliant. This deficient practice affected 1 of 1 residents reviewed for dialysis. (Resident #161)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #161 on 2/14/14 at 9:15 a.m., indicated the resident had an order for 1500 cc [cubic centimeters] fluid restrictions dated 12/26/13.</p> <p>Review of the report of fluid intake titled "Vitals" as recorded by the CNAs [Certified Nursing Assistants] between 12/26/13 and 2/14/14, indicated Resident #161 was consistently non-compliant with her fluid restrictions in that between what she drank at meals and what was given to her during med pass, she was over the allotted amount.</p> <p>Review of the nursing fluid restriction worksheet for the same time period indicated Resident #161 was either below or right at 1500 cc.</p> <p>During an interview with the First floor Unit Manager on 2/14/14 at</p>		<p>written plan of care.1. Physician/dialysis center determined that fluid restriction was not warranted for Resident #161 on 2/14/14.2. All residents have the potential to be affected. 100% audit completed 3/6/14 by Unit Manager for all residents with fluid restriction to determine physician orders are being followed and residents have been educated on risks when non-compliant.3. Licensed staff re-educated 3/12/14 by CEC/designee on following physician orders for fluid restrictions and educating residents on risks when non-compliant. DNS/designee will ensure physician orders are followed or resident educated for non-compliance by reviewing resident medical records for residents on fluid restrictions weekly.4. To ensure compliance, DNS/designee is responsible for the completion of the Fluid Restrictions CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months 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 to ensure compliance.5. 3/19/14</p>		

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	<p>11:35 a.m., she indicated that she was unsure why there was a difference between what nursing was documenting and what the CNAs were. She indicated that the CNAs should not have been recording the fluid intake of Resident #161 since she was on fluid restrictions and the nurses were the ones to be doing the documenting. She also indicated that the resident must be asking for extra fluids.</p> <p>Documentation was lacking of Resident #161 being educated on compliance with fluid restrictions nor of the resident being non-compliant with her fluid restrictions.</p> <p>A 12/23/13 care plan was developed: "Resident #161 is receiving hemodialysis and is at risk for complications such as fluid imbalance, bleeding or infection." Approaches included, but were not limited to:" Monitor fluid intake 1500 fluid restriction."</p> <p>On 2/14/14 at 11:30 a.m., the Unit Manager presented a copy of the facility's current policy titled "Hydration Management". Review of this policy included, but was not limited to: "...5. A Comprehensive care plan will be written and review</p>						

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	<p>by IDT [Interdisciplinary Team] with specific resident needs and preferences as deemed necessary by IDT assessment....10. Nursing staff is responsible for documenting fluid intake at mealtime in EMAR [Electronic Medication Administration Record]. 11. Nursing staff is responsible for documenting all other fluid intake for his/her assigned residents on each shift. 12. 24 hour fluid totals will only be calculated for those residents on a fluid restriction or as ordered by the physician..."</p> <p>After discussion with the Unit Manager, a new care plan was developed on 2/14/14 titled "Nutritional Status - Resident is at risk for non-compliance with fluid restriction." "Goal: encourage resident to follow fluid restriction as ordered by MD." "Approach: fluid restriction per MD ordered."</p> <p>On 2/17/14 at 3:11 p.m., the Director of Nursing presented an "Event Report" dated 2/14/14 in which the resident reported to staff that the dialysis physician no longer wanted the resident on fluid restrictions. Dialysis center contacted and a new order to discontinue the fluid restrictions was received.</p>			

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F000315 SS=E	<p>3.1-35(g)(2)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received proper incontinent care. This deficient practice affected 2 of 5 residents reviewed for incontinent care. (Resident# 56 and 67).</p> <p>Findings include:</p> <p>1. On 2/14/14 at 1:59p.m. incontinent care [care for residents unable to control their urine and bowels] was observed for Resident #56. Certified Nursing Assistant [CNA] #3 was observed to use a wash cloth and wipe the residents anal area in back to front direction toward her genitalia. The CNA used</p>	F000315	F315 - The facility does ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the residents clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.1. Resident #56 and #67 are receiving proper incontinent care per facility policy.2. All residents have the potential to be affected. Skills validations completed for all CNA's by 3/18/14 by CEC/designee for incontinent care.3. Staff re-educated on incontinent care protocol 3/12/14 by CEC/designee. DNS/designee will monitor	03/19/2014			

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	<p>one basin throughout the procedure and never changed the water. After cleaning Resident #56, the CNA was observed to not place a brief or undergarment on the resident. The resident was then covered with a blanket.</p> <p>In an interview on 2/14/14 at 2:15p.m., CNA #4 indicated, "We check residents every 2 hours. We have a no brief policy and do not use briefs while the residents are in bed."</p> <p>2. On 2/14/14 at 3:29p.m. Resident #67 was observed for incontinent care. Resident #67's hospital gown was soiled at around the top with a dried yellowish/greenish substance. Resident #67's bedding was soiled with a dried yellow tinged circular ring in the center. The flat sheet had blood stains on the lower bottom corner. After the Resident #67 was cleaned, the CNA changed Resident #67's gown and bedding.</p> <p>As CNA #5 wiped Resident #67's buttocks, a dried dark green substance was observed.</p> <p>In an interview at on 2/14/14 at 3:49p.m., CNA#5 indicated the resident was incontinent of urine but</p>		<p>incontinent care during daily rounds on each shift.4. To ensure compliance, DNS/designee is responsible for the completion of the Perineal Care Skills Validation CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months 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 to ensure compliance.5. 3/19/14</p>		

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	<p>not stool. She indicated the dark green substance on the residents buttocks was dried stool. She indicated the resident was not cleaned properly. CNA#5 also indicated the residents bed was supposed to be changed on their shower night or when the bed is dirty.</p> <p>In an interview on 2/14/14 at 3:55p.m., Resident #67 indicated he had a bowel movement earlier in the day. He also indicated his last shower was a couple of days ago.</p> <p>On 2/13/14 at 2:00p.m. the Administrator provided a copy of the policy titled, " Perineal Care". The policy indicated...."Clean anal area from front to back."</p> <p>This federal tag is related to Complaint IN00133204 and IN00134613.</p> <p>3.1-41(2)</p>			

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F000322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interview, and record review facility failed to ensure residents received proper care with tube feedings. This deficient practice affected 1 of 3 residents reviewed for tube feedings. (Resident#112)</p> <p>Findings include:</p> <p>1. On 2/11/4 at 3:47 p.m. LPN #3 was observed performing G-tube [a medical device used to provide nutrition for individuals who can not tolerate eating by mouth] care on Resident #112. Upon entering the room, the resident was observed to be attached to the tube feeding. The tube feeding bottle was</p>	F000322	F322 - The facility does ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal pharyngeal ulcers and to restore, if possible, normal eating skills.1. LPN administered feeding and tubing to Resident #112 on 2/11/14. LPN educated 3/6/14 by CEC on g-tube policy and CNA educated 3/5/14 by CEC on proper positioning for g-tube resident during feeding. Resident #112 provided g-tube feedings and treatment per policy.2. All residents have the potential to be affected. Staff re-educated 3/12/14 by CEC/designee on proper	03/19/2014			

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	<p>observed to be empty, and the the tubing was found to be nearly empty of tube feeding. A second bottle of tube feeding was observed to be hanging but not attached to the resident.</p> <p>In an interview on 2/11/14 at 3:50p.m. LPN#3 indicated Resident # 112"....gets a new bottle once a shift. He had another bottle hanging from the other nurse it was dated for 1:00p.m. but not started. So I got all new stuff [tube feeding and tubing]..."</p> <p>2. On 2/12/14 at 2:42p.m. CNA #6 was observed to lower Resident #112's head of bed below 30 degrees while performing incontinent care. Resident #112 was receiving tube feeding at this time.</p> <p>At 2/12/14 at 3:03p.m., LPN #4 entered Resident #112's room to apply a topical cream. LPN#4 applied the cream to Resident #112's coccyx. The resident's head of bed was below 30 degrees and was still receiving tube feeding.</p> <p>Neither CNA #4 nor LPN #4 verbalized the need for the residents tube feeding to be placed on hold</p>		<p>positioning while providing incontinent care for residents with tube feeding. Licensed staff re-educated 3/12/14 by CEC/designee on proper administration of tube feedings.3. Staff re-educated 3/12/14 by CEC/designee on proper positioning while providing incontinent care for residents with tube feeding. Licensed staff re-educated 3/12/14 by CEC/designee on proper administration of tube feedings. DNS/designee will conduct rounds daily to ensure proper positioning and feeding administration daily per policy.4. To ensure compliance, DNS/designee is responsible for the completion of the Enteral Nutrition & Enteral Tube Procedure and Perineal Care Skills Validation CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months 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 to ensure compliance. 5. 3/19/14</p>				

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	<p>while his head of bed was below 30 degrees.</p> <p>Resident #112's clinical record was reviewed on 2/17/14 at 12:43p.m. He had diagnoses including but not limited to stroke, depressive disorder, anxiety, dementia, paralysis to both legs, and difficulty swallowing.</p> <p>His care plan indicated a problem of risk for aspiration pneumonia dated 4/23/13.</p> <p>A copy of the policy titled, "Enteral Tube" was provided by the medical record clerk on 2/14/14 at 11:02a.m. This policy indicated, ..."Maintain the head of bed at 30 degrees or higher at all times unless the physician order is otherwise..."</p> <p>This federal tag is related to Complaint IN00134613.</p> <p>3.1-44(a)(2)</p>			

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F000412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to ensure dental services were provided to a resident who was missing the lower dentures and had ill-fitting top ones. This deficient practice affected 1 of 1 residents' reviewed for dental services. (Resident #45)</p> <p>Finding includes:</p> <p>During an interview with Resident #45 on 2/10/14 at 10:41 a.m., the resident was observed to have loose top dentures with a build-up of plaque red in color from juice. The resident indicated "I broke the bottom denture awhile ago- want to get the teeth fixed but didn't know if Medicaid would pay for it or not. My top is loose because I didn't put any stuff on them to hold them in."</p>	F000412	F412 - The facility does provide or obtain from an outside resource, routine and emergency dental services to meet the needs of each resident.1. Resident #45 signed a new consent form requesting dental services. Resident #45 placed on dental list for next visit. If resident refuses dental care a care plan will be developed by SSD/designee.2. All residents have the potential to be affected. 100% audit completed 3/18/14 by SSD/designee for residents wearing dentures to ensure dental needs are being addressed.3. Consent for treatment for outside services (i.e., dentist, podiatrist, audiologist, optometrist) will be reviewed at quarterly care plan meetings by SSD/designee with each resident. SSD re-educated on Dental Services protocol on 3/6/14 by CEC.4. To ensure compliance, Medical Records/designee is responsible	03/19/2014			

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	<p>Random observations of the resident on 2/11/14 at noon and 2:30 p.m, 2/12/14 at noon and 2/14/13 at noon and 3:00 p.m., noted the resident's dentures to remain loose at times when talking. The resident also was still voicing a need to see the dentist again on 2/14/14 at 3:00 p.m.</p> <p>A care plan initiated on 2/15/11 for Self-Care Deficit, included an approach of "Set up oral care at least two times daily."</p> <p>During an interview with CNA [Certified Nursing Assistant] #10 at 12:30 p.m. on 2/14/14, she indicated "Resident #45 insists on doing her own care, like brushing her teeth - doesn't like a lot of help from the staff and can become easily agitated."</p> <p>Review of the nursing and Social Service documentation between 1/1/13 and 2/14/14, documentation was lacking of Resident #45 having been seen by the dentist. No documentation could be located of any dental visit notes for this time period either.</p> <p>A copy of the consent forms for</p>		<p>for the completion of the Dental Services CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months 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 to ensure compliance.5. 3/19/14</p>		

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	<p>various ancillary services including dentistry was signed by Resident #45 on 6/29/10 indicating she did not wish to see the dentist.</p> <p>On 2/14/14 at 2:50 p.m., during an interview with the Medical Records Nurse, she indicated "The dentist said any notes regarding visits would be in the clinical record. The dentist also said Resident #45 refuses every time she is to be seen by the dentist. It should be documented in the Social Work notes that she refuses. Didn't know she wanted to see the dentist."</p> <p>Documentation was lacking in the nursing and the Social Worker notes of the resident having refused to see the dentist between 1/1/13 and 2/14/14.</p> <p>A 1/3/14 Annual MDS [Minimum Data Set] Assessment indicated "No issues with dentures missing, loosely fitting full or partial dentures. No chewing or eating difficulties."</p> <p>An 10/11/13 Quarterly MDS Indicated "No broken or loosely fitting full or partial dentures, no chewing or eating difficulties."</p> <p>A 1/24/14 Weekly Nursing Summary</p>			

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 02/17/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129
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	<p>Indicated "No dental issues including no missing, broken or loosely fitting dentures."</p> <p>On 2/14/14 at 3:40 p.m., an interview with CNA #11 indicated "Her dentures are loose frequently when she talks and gets a little embarrassed by it. She is one you have to work with and allow her to dictate the pace of how much you assist her. She gets mad if you do it for her but will usually allow you to assist with some refusals at times in helping clean her dentures."</p> <p>LPN #10 at this time also indicated Resident #45 had a full set of dentures and wore them all the time. Observation of the resident also at this time noted her with loose top dentures and none in bottom of her mouth.</p> <p>3.1-24(a) 3.1-24(a)(1) 3.1-24(a)(3) 3.1-24(b)</p>			