

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 09/26/2013
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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 a State Licensure Survey.</p> <p>Survey dates: September 24, 25, 26, 2013</p> <p>Facility number: 011274 Provider number: 011274 AIM number: N/A</p> <p>Survey team: Amy Winingger, RN, TC 09/24/13 Barb Fowler, RN Diane Hancock, RN, 09/24/13 Denise Schwandner, RN Diana Perry, RN</p> <p>Census bed type: Residential: 95 Total: 95</p> <p>Census payor type: Medicaid: 89 Other: 6 Total: 95</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p>	R000000	By submitted the attached responses 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 26, 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 on October 3, 2013 by Jodi Meyer, RN			

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R000117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure at least one staff member was on duty at all times who was certified in CPR and First Aid, for 14 of 14 days reviewed, in that 11 days lacked a CPR certified staff member from 7:00 p.m. through 7:00 a.m., three days lacked a CPR certified staff member for the evening and night shift, and 14 days lacked a First Aid certified staff member on evenings, nights, and/or</p>	R000117	CPR and First Aide courses were recently conducted at Riverwalk Communitiies and 17 staff members completed the course for Health Care Providers which was conducted by a certified American Heart Association Instructor. Surveryors insisted that we provide a separation course completion card for First aide even though First Aide is part of the instruction provided for the Health Care Provider. Additional courses had been	10/26/2013			

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	<p>days. (9/11/13 - 9/24/13)</p> <p>Findings include:</p> <p>The Staffing Schedule for 9/11/13 - 9/24/13 was provided by the DoN on 9/25/13 at 2:15 p.m. The file containing CPR and First Aid Certifications was also provided at that time.</p> <p>Nursing staff with CPR and First Aid certifications were lacking on the following dates and shifts:            9/11/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.            9/12/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.            9/13/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.            9/14/13 CPR staff lacking on the night shift. First Aid staff was lacking on the day, evening, and night shifts.            9/15/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.            9/16/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was</p>		<p>scheduled for Riverwalk Staff. Director of Nursing or designee will ensure that at least one staff member is on duty at all times who are certified in First Aide and CPR. Director of Nursing will monitor the schedule every two weeks prior to posting. This monitoring will be ongoing. The HR director will audit personnel records monthly for 6 months and then quarterly thereafter to ensure that certificates are current. Results of these audits will be submitted and reviewed at the quarterly Q.A meeting.</p>				

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	<p>lacking for the day, evening, and night shifts.</p> <p>9/17/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/18/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/19/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/20/13 CPR staff lacking on the night shift. First Aid staff was lacking on the day, evening, and night shifts.</p> <p>9/21/13 CPR staff lacking on the night shift. First Aid staff was lacking on the day, evening, and night shifts.</p> <p>9/22/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/23/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/24/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night shifts.</p> <p>9/24/13 CPR staff lacking from 7:00 p.m. - 7:00 a.m. First Aid staff was lacking for the day, evening, and night</p>			

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	<p>shifts.</p> <p>During an interview of the DoN (Director of Nursing) on 9/25/13 at 2:30 p.m., the DoN indicated she was not aware the facility needed to have a staff person with CPR and first aid certifications for each shift.</p> <p>During an interview on 9/26/13 at 1:45 p.m., the DoN indicated the facility had started providing first aid certification to all the employees today.</p>						

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R000148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment was free of hazards for 1 of 1 resident observed during the initial tour, in a facility census of 96, in that the resident's bed rails had large gaps between the rails. (Resident #35)</p> <p>Finding includes:</p> <p>During the initial tour on 9/24/13 at 9:37 a.m., Resident #35 was observed to be in bed. She indicated she had activated her call light and was needing assistance to get out of</p>	R000148	The Bed Rails for Resident # 35 were removed immediately. A total in-house review of bed rails was then completed the same day and no other bedrails were found to be deficient. Housekeeping and Maintenance staff were inserviced on the proper width of siderail space. Housekeeping supervisor will inspect all new siderails that are delivered to facility. Housekeeping supervisor will audit all siderails that are utilized on a monthly basis for seven months. Results of this audit will be reviewed at the quarterly QA committee.	10/26/2013			

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	<p>bed. The resident's bed was observed to have siderails on the upper half of the bed. The metal siderails had gaps between rails that exceeded 4 and 3/4 inches.</p> <p>The Director of Nurses entered the room to answer the call light at 9:40 a.m. on 9/24/13. She indicated, at that time, the resident's bed had been changed out in the past couple days and they must have gotten the bed from storage. She indicated the bed would be changed immediately.</p> <p>The U.S. Food and Drug Administration guidance on bed safety, dated 3/10/2006, indicated the following: "Zone 1 is any open space within the perimeter of the rail. Openings in the rail should be small enough to prevent the head from entering. A loosened bar or rail can change the size of the space. The HBSW [Hospital Bed Safety Workgroup] and IEC [International Electrotechnical Commission] recommend that the space be less than 120 mm [millimeters] (4 3/4 inches), representing head breadth."</p>			

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