STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	2715 CHARLESTOWN PIKE, JEFFERSONVILLE, , 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure survey. Survey dates: Febuary 13 and 16, 2026 Facility Number: 010885 Residential: 77 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on February 20, 2026.	R 0000	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Georgetowne Place as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the	

			intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place 5. By what date the systemic changes will be completed.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f)	R 0273	R 273 1. The Dietary Director or designee to in-service all	02/26/2026

	(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observations and interview, the facility failed to ensure the kitchens, dry storage rooms, and equipment were clean during 2 of 2 kitchens observed (House Kitchen and Cottage Kitchen). This deficient practice had the potential to affect 77 of 77 residents who received meals from the kitchen. Findings include: 1. During the initial kitchen observation in the House Kitchen, on 2/13/26 at 8:55 a.m., while accompanied by the Dietary Manager, the following concerns were observed: - The faucet was leaking, was unable to be turned off fully, next to the dishwasher and the 3 compartment sink. - The top of the dishwasher had a heavy build up of white substance. - The small ceiling air vent in the dish area had a heavy build up of black, greasy, dust on the vent slats. - There was a moderate accumulation of gray dust one foot in diameter around the vent on the ceiling		dietary staff on facility schedules for daily, weekly, and monthly cleaning and facility dress code by March 6, 2026. 2. All residents have the potential to be affected by the alleged deficiency. 3. The Dietary Director or designee to in-service all dietary staff on facility schedules for daily, weekly, and monthly cleaning and dress code by March 6, 2026. 4. The Dietary Director or designee will audit and review daily cleaning logs 3 times per week for 4 weeks and then weekly thereafter for 5 months. Any missing staff initials will be addressed immediately. The Dietary Director or designee will audit and review weekly cleaning logs for 4 weeks and then monthly thereafter for 5 months. The Dietary Director or designee will conduct a kitchen sanitation audit weekly for 6 months. 5. Systemic changes will be completed and in effect by March 20, 2026.	

	and on one half of the width of the wall. - The large air vent above the freezers and refrigerators had a heavy build up of black dusty grease on the vent slats. - Three of three small air vents above the microwave, the freezers and refrigerators, and toaster had an area of greasy gray dust one foot in diameter around the vents. - The inside of the drinks refrigerator had heavy yellow and brown soil to all sides and bottom of the unit. - There was a heavy amount of fine food crumbs and soil on the 2 shelves of the spice cabinet. There was a moderate amount of black and beige dirt inside the cabinet behind the turnstile. - Along all the inside edges of the wooden cabinets, there was a moderate amount of black and white crumbs. - The bottom shelving which held the steam table pans and cutting boards had heavy amounts of brown and black soil.			

	- The bottom shelf of the stainless steel unit which held the fryer had a large dried yellow brown puddle the size of a bowl on it. - The floor underneath the five shelving units in the dry storage room and one inch from the walls, especially the corners, had a heavy accumulation of black and yellow dirt and crumbs. During a follow up visit to the House Kitchen, on 2/16/26 at 9:05 a.m., the following concerns were observed: - The issues identified on 2/13/26 at 8:55 a.m., remained. - Cook 2 was observed finishing serving the last of the residents who had come late to breakfast. He was not wearing a beard guard to protect the food from becoming contaminated with loose hair. - The fryer oil was clean at this observation, but a thick build up of yellow grease food particles was around the inside sides of the fryer at oil level. - The floor under the fryer was dark in color and there were pieces of home fries and waffle fries on the floor to the side and under the shelving. While observing the lunch meal			

	being served in the House Dining Room on 2/16/26 at 11:00 a.m., the juice machine in the dining room had a sour smell to it. The tray to catch the juice dripping was heavily soiled with juice particles. The review of the cleaning schedules for the House, dated 2/9/26 to 2/15/26, indicated the storage area/pantry was organized and neat and floors clean; the shelves were clean and free from food debris and crumbs; the dish washer was clean with all surfaces wiped down; the floors were mopped; the counters and food preparation surfaces were free from food crumbs and debris; the refrigerator interior floor and exterior were clean and free from food debris and spills were mopped. These were checked off as having been completed during those dates. 2. During the initial kitchen observation in the Cottage Kitchen, dated 2/13/26 at 9:25 a.m., while accompanied by the Dietary Manager, the following concerns were observed: - The dry storage room had a heavy accumulation of black brown dirt particles and plastic pieces around the wall edges and corners under all the shelving units. - There was a heavy lime build			

	up around all the inside edges and bottom of the dishwasher door. - The stove had multiple chunks of dried hash browns around the two burners next to the flat top. - The top of the flat top was covered with black and brown build up which was able to be scraped with a utensil. - The floor under the stove had a heavy accumulation of black dirt. - The fryer had a moderate amount of yellow crumbs on top of the oil, in the basket, and around the inside edges. During a follow up visit to the Cottage Kitchen, on 2/16/26 at 8:45 a.m., the following concerns were observed: - The dry storage room had a heavy accumulation of black brown dirt particles and cereal pieces around the wall edges and corners under all the shelving units. The floor underneath the shelving units was dark in color. - There was a heavy lime build up around all the inside edges and bottom of the dishwasher door.			

	- The floor under the stove had a heavy accumulation of black dirt. - The top of the knife holder where the knives went into the slots, had a heavy brown build up on it. - The inside of the toaster had a heavy build up of bread crumbs on the bottom. - On the 2 compartment sink, there was a heavy build up of white substance on the hot water knob which ran down into the sink. The review of the cleaning schedule for the Cottage, dated 2/9/26 to 2/15/26, indicated the storage area/pantry was organized and neat with floors clean; the floors in the kitchen were mopped; the counters and food preparation surfaces were free from food crumbs and debris; and the dish washer was clean with all surfaces wiped down. The toaster was cleaned after every use. These were checked off as having been completed during those dates. The review of the facility's current policy titled "Dining Services Uniform Policy - Hair Restraints", included. but was not limited to, "Purpose:To prevent food contamination by ensuring all associates wear appropriate hair restraints,			

	including, beard restraints, and other coverings designed to keep hair from contacting food or food-contact surfaces...Policy: It is the policy of Dining Services that all food employees effectively restrain hair to prevent contamination of exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles. All associates are expected to arrive for their shift in compliance with this hair restraint policy. Procedure: Food employees are to effectively restrain hair by wearing hair restraints, Such as: beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, or linens; or unwrapped single-service or single-use articles...Anyone working in the kitchen or in any food preparation area must wear a hair net or hat at all times. Beard restraints are required for any associate with facial hair...Supervisors are responsible for monitoring adherence. Failure to comply may result in being sent home to correct the issue prior to returning to work." The review of the facility's current policy titled "Sanitation Overview", included, but was not limited to, "Policy: Overview			

	- Kitchen Sanitation: 1. Food preparation and serving areas must be cleaned on a regular basis...5. A monthly cleaning schedule for deep cleaning should be maintained and followed..."			
R 0299	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(3) (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on record review and interview, the facility failed to ensure the physician acknowledged acceptance or declination of a medication for 1 of 7 residents reviewed for pharmacy recommendations. (Resident 4) Findings include:	R 0299	R 299 Pharmacy Recommendations 1. Resident 4 pharmacy recommendations were reviewed with the physician and accepted.The physician signed off on the recommendation on February 13, 2026. 2. Wellness Director or designee will review all pharmacy recommendations for current residents to identify any further concerns. 3. Executive Director will educate the Wellness Director on pharmacy recommendations and required follow-up. 4. Wellness Director or designee will review all pharmacy recommendations monthly for provider approval for 6 months. 5. Systemic changes will be completed and in effect	02/26/2026

	The Pharmacy Recommendation, dated 12/29/25, was reviewed on 2/16/26 at 9:04 a.m. The pharmacy indicated that Resident 4 received Fenofibrate (a fibric acid derivative, which lowers triglycerides and bad cholesterol). Fenofibrate was contraindicated in those with severe kidney disease. Resident 4 received renal dialysis. The record lacked documentation that the physician had accepted or declined the recommendation and had not signed or dated the receipt of the recommendation. The review of the medications list indicated the resident still received 160 milligrams (mg) of Fenofibrate daily at 8:00 a.m. The physician's order, dated 8/23/25, indicated to administer 160 mg of Fenofibrate daily. The Care Needs, dated 8/31/25, indicated the resident required minimal support with special care needs for dialysis. The resident received dialysis on Tuesdays, Thursdays, and Saturdays. The resident set up her own transportation to and from the dialysis company. The record for Resident 4 was reviewed on 2/16/26 at 11:15 a.m. The diagnoses included, but were not limited to, stage 5		by March 12, 2026.	

	kidney disease (critical stage where the kidneys can no longer sustain life) and dialysis (filtering of blood to remove waste, toxins and excess fluids when kidneys fail). During an interview, on 2/16/26 at 9:15 a.m., the Director of Nursing (DON) indicated they just assumed that the Fenofibrate medication would be continued. The resident had been in and out of the hospital. The DON could not locate documentation to indicate the doctor's decision as to accept or decline the medication. The Health Related Services Operations Manual, dated August 2023, included, but was not limited to, "... Consultation with consulting pharmacist(s); implementation of recommendations as appropriate..."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREMelissa Bennett	TITLEExecutive Director	(X6) DATE03/06/2026