

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/23/2026	
NAME OF PROVIDER OR SUPPLIER RIVERCREST SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4917 GRANT LINE ROAD, NEW ALBANY, , 47150					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...		(X5) COMPLETION DATE	

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R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure survey. This visit included the Investigation of Intake 470572. Intake 470572 - No deficiencies related to the allegations are cited. Survey dates: July 22 and 23, 2026 Facility Number: 015516 Residential: 63 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on August 2, 2026.	R 0000	This plan of correction is to serve as Rivercrest Residential Campus credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Rivercrest Residential Campus or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. Attached you will find the plan of correction for Rivercrest Residential Campus annual survey that was completed on 07/22/2026. The plan of correction and specific correction actions are prepared and/or executed in compliance with State and Federal Laws. The campus' date of alleged compliance is: 8/7/2026. We initiated immediate interventions when concerns were identified during recertification survey. The facility respectfully requests from the department of health a desk review for substantial compliance. If you need any information or paperwork, please contact me at 1(812)-390-8508. Sincerely, Rachel Riley, Executive Director	
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R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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 record review, observation, and interview, the facility failed to ensure the kitchen and equipment were clean during 3 of 3 kitchen observations. This deficient practice had the potential to affect 63 of 63 residents who received meals from the kitchen. Findings include: During the initial tour on 7/22/26 at 9:05 a.m., while in the presence of the dietary staff and Director of Food Service, the following concerns were identified: - Three of three handwashing sinks had a heavy accumulation of water spots and build up of brown crumbs and splatters inside. - The reach in refrigerator had a moderate amount of yellow crumbs on the inside bottom shelf.	R 0273	This plan of correction is to serve as Rivercrest Residential Campus credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Rivercrest Residential Campus or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. Attached you will find the plan of correction for Rivercrest Residential Campus annual survey that was completed on 07/22/2026. The plan of correction and specific correction actions are prepared and/or executed in compliance with State and Federal Laws. The campus' date of alleged compliance is: 8/7/2026. We initiated immediate interventions when concerns were identified during recertification survey. The facility respectfully requests from the department of health a desk review for substantial compliance. If you need any information or paperwork, please contact me at 1(812)-390-8508. Sincerely, Rachel Riley,	08/07/2026
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- The bottom left storage shelf which held dinner plates and small plastic cups had a twelve inch by four inch area of cloudy spills which were greasy to the touch.
- The left bottom shelf on the steam table had multiple cloudy spills and yellow food crumbs.
- The left outside of the steam table had multiple streaks and brown and red particles stuck to it.
- Under the soda dispenser, the drain had a moderate amount of dark brown particles in it.
- The inside of the top two doors of the convection oven had a heavy accumulation of yellow and brown grease. The area where the doors closed also had a heavy accumulation of brown and yellow grease. All areas were able to be scraped with a paper towel. The outside of the entire unit had a heavy accumulation of grease streaks with a small amount of brown particles on it.
- The condiment center outside doors had multiple streaks and brown spots on them.
- The outside of the two drawers below the grill and flat top had multiple red and white spots on them. The stainless steam pan inside the top drawer had

Executive Director

R273 Food and Nutritional Services

***What Corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;**

*No residents residing in the campus were found to have been affected by the deficient practice.

***How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**

*The deficient practice had the potential to affect 63 out of 63 residents that received food from the kitchen. No residents identified with the potential to be affected have been noted with any adverse effects from the alleged deficient practice.

-Handwashing sinks had the accumulation of water spots and build up of brown crumbs and splatters cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026.

-The Yellow crumbs on the inside bottom of shelf in the

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multiple food particles and egg shells in the bottom. A container of hamburgers were in this drawer. - The fryer grease and shelf in front of the grease had a heavy accumulation of brown food crumbs. Cook 1 indicated the fryer was last used the night before and was usually cleaned once a week but Cook 1 could not indicate what day. - The stainless steel wall behind the fryer, grill, flat top, stove, steamer and convection oven had a heavy build up of grease and streaks. - The top of the dishwasher had a heavy brown soil and food particles. - Four of four plastic storage bins on the bottom shelf in the dry storage room had several pieces of cereal and brown food particles in them. During the lunch meal observation on 7/22/26 at 11:10 a.m., the following concerns were identified: - The areas of concern identified at 9:05 a.m. remained. - The white wall behind the steam table and multiple red and brown splatters. - The grill had a heavy	reach in refrigerator was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the cloudy spills on the bottom left storage shelf which holds dinner plates and small plastic cups was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -Cloudy spills and yellow food crumbs on the left bottom shelf on the steam table was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -Streaks and brown/red particles on the left outside of steam table was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -Dark brown particles in the soda dispenser drain was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the accumulation of yellow and brown grease on the top of the two doors and the outside of the of the convection oven was cleansed immediately when	
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accumulation of brown grease and food particles along the edges and under the grill slats. - Although the flat top had been scraped, there was a heavy residue of dried eggs on it from breakfast. The Cook, was observed, at that time, to squeeze some oil onto the top, spread it across the flat top, and placed two hamburger buns, the insides on the flat top along with three hamburgers. During an observation of the kitchen, on 7/23/26 at 10:40 a.m., the following concerns were identified. - The areas of concern identified on 7/22/26 at 9:05 a.m. and 11:10 a.m., remained the same. The deep fryer was observed to now be cleaned. - The grease trap in front of the flat top was completely full with liquid brown grease and eggs scraped from the flat top. - The floor under the cooking equipment was observed to have two tater tots under it and had a heavy accumulation of grease and black soil. - The steam table lids to the pans and the area which surrounded the pans had a large amount of brown and red burnt on splatters. Pans of white rice, meatballs, green beans,	surveyors brought the deficient practice to our attention and again on 07/23/2026. -the multiple streaks and brown spots on the condiment center located outside the doors of the kitchen was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the red and white spots on the two drawers below the grill and flat top was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the food particles and egg shells in the bottom of the stainless steam pain inside the top drawer of the grill was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the fryer grease was replaced when surveyors brought the deficient practice to our attention and again on 07/23/2026.	
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tomato soup and broccoli were on the steam table and were covered with these lids. - The inside bottom of the juice machine drain was covered with a pinkish liquid. On 7/23/26 at 12:00 p.m., the Executive Director (ED) presented a copy of the as-completed cleaning schedules for the kitchen. Review of these schedules indicated the following tasks had been completed as scheduled: - Aide Daily Cleaning List: signed as completed on 7/21/26 and 7/22/26: - wipe down beverage machines/areas - clean nozzles on drink machine - carts wiped down - clean hand sinks - Cooks Cleaning List AM: signed as completed on 7/21/26 and 7/22/26: - steam table cleaned after meals - sweep the line - flat top cleaned for the next meal - Cooks Cleaning List PM:	-the accumulation of brown food crumbs on the shelf in front of the fryer was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the grease and streaks on the stainless steel wall behind the fryer, grill, flat top, stove, steamer, and convection oven was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the brown soiled and food particles on top of the dishwasher was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the pieces of cereal and brown food particles on the four plastic storage bins on the bottom shelf in the dry storage room was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the grease trap in front of the flat top was was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the floor under the cooking equipment was cleansed	
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signed as completed on 7/21/26 and 7/22/26: - steam table cleaned after meals - sweep the line - flat top cleaned for the next meal - Cooks Weekly Cleaning List: signed as having been completed on 7/16/26: - sweep and mop under all equipment - clean sandwich cooler - ovens cleaned as needed - drawers and shelves cleaned - back wall behind the line On 7/23/26 at 11:45 a.m., the Regional Director of Operations (RDO) presented a copy of the Cook's and Dining Services Assistant's Job Descriptions. Review of these Job Descriptions included, but were not limited to: "Cook:...Checks and completes set up of breakfast bar, steam tables, etc. Ensures work areas are cleaned and all other cleaning projects are completed. Supervises the Dietary Aides as directed by the Dietary Manager...All other duties as assigned by the Dietary Manager and/or the	immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the brown and red burnt splatters on the steam table lids was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. -the pinkish liquid in the inside bottom of the juice machine drain was cleansed immediately when surveyors brought the deficient practice to our attention and again on 07/23/2026. *What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur; *The Dining Service Support provided education to the Director of food services regarding proper cleaning and completion of cleaning schedule of the kitchen on 07/23/2026. *Once the Director of food services received education, the Director of food services provided education to the dietary staff regarding proper cleaning and completion of cleaning schedule of the kitchen on 07/24/2026. *How the corrective action (s)	
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	Executive Director..." "Dining Services Assistant:...Assist in daily or scheduled cleaning duties, in accordance with established policies and procedures. Clean work tables,...refrigerators and freezers, etc. Sweep and mop floors as directed..."		will be monitored to ensure the deficient practice will not recur, i.e..., what quality assurance program will be put into practice? The Executive director or designee will check the kitchen for cleanliness daily Monday through Friday for 2 weeks, then twice weekly for 2 weeks, then weekly x 1 month then monthly x 4 months. The executive director or designee will check the kitchen cleaning schedules for completion daily Monday-Friday for 2 weeks, then twice weekly x 2 weeks then weekly x 1month then monthly x 4 months. This corrective action plan will be reviewed by the Quality assurance team during QAPI monthly to determine ongoing monitoring. Findings suggestive of 100% compliance may result in cessation of the monitoring plan. Compliance Date: 8/7/2026	
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:	R 0297	This plan of correction is to serve as Rivercrest Residential Campus credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Rivercrest Residential Campus or its management company	08/07/2026

(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.

Based on observation, record review, and interview, the facility failed to ensure narcotic medication counts were properly documented for 2 of 5 resident's reviewed for pharmacy services. (Resident J and Resident K)

Findings include:

1. During an observation, on 7/22/26 at 9:30 a.m., of the Medication Cart 1 serving Harvest Hallway, the following concerns were identified in the narcotic drawer:

The Controlled Drug Use Record sheet indicated that Resident J had 27 tablets of the lorazepam left on the sheet. The lorazepam medication card had 26 tablets left.

The record for Resident J was reviewed on 7/22/26 at 11:21 a.m. The diagnoses included, but were not limited to, anxiety disorder (a mental health condition characterized by excessive, uncontrollable worry about everyday issues, affecting daily functioning and quality of life.), and insomnia.

that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. Attached you will find the plan of correction for Rivercrest Residential Campus annual survey that was completed on 07/22/2026. The plan of correction and specific correction actions are prepared and/or executed in compliance with State and Federal Laws. The campus' date of alleged compliance is: 8/7/2026. We initiated immediate interventions when concerns were identified during recertification survey.

The facility respectfully requests from the department of health a desk review for substantial compliance.

If you need any information or paperwork, please contact me at 1(812)-390-8508.

Sincerely, Rachel Riley,
Executive Director

***R 297 Pharmaceutical
Services-Noncompliance***

The physician's order, dated 3/4/26, indicated to administer 0.5 mg (milligrams) of lorazepam two times daily for anxiety disorder.

2. The Controlled Drug Use Record sheet indicated that Resident K had 14 tablets of the gabapentin left on the sheet. The gabapentin medication card had 13 tablets left.

The record for Resident K was reviewed on 7/22/26 at 1:45 p.m. The diagnoses included, but were not limited to, history of transient ischemic attack (TIA) (a "warning stroke" that can cause sudden symptoms such as weakness, speech problems or blindness), chronic pain, and anxiety disorder.

The physician's order, dated 12/16/25, indicated to administer 300 mg of Gabapentin two times daily for chronic pain.

During an interview, on 7/22/26 at 9:30 a.m., Licensed Practical Nurse (LPN) 1 indicated that she had given Resident J and Resident K medications earlier in the shift and forgot to sign them out. The controlled substances should be signed out of the Controlled Drug Use record as soon as the medication was given.

During an interview, on 7/22/26

***What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice:**

*Resident J and K were identified as having been affected by the deficient practice. No adverse events occurred from the deficient practice.

***How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**

*All residents that currently reside in campus requiring administration of Controlled drugs have the potential to be affected by the alleged deficiency.

***What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur:**

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at 1:00 p.m., Qualified Medication Aide (QMA) 2 indicated that a narcotic should be signed out upon giving the medication.

During an interview, on 7/23/26 at 11:05 a.m., Regional Director of Clinical Operations (RDCO) provided the facility's pharmacy policy and indicated that control medications should have been signed out immediately upon administration.

The current facility policy titled, "Pharmacy Services-Policies and Procedures for Nursing Facilities", last revised 11/2018, was provided on 7/23/26 by the RDCO. The policy included, but was not limited to, "...Controlled Substances ...E. Accurate accountability of the inventory of all controlled drugs ..."

*Clinical Support provided education to the Director of Health Services regarding guideline requirements for Nurses and Certified Medication Assistants to sign out controlled substances in the narcotic log book on the narcotic count sheet immediately after dispensing. This education occurred on 07/24/2026.

*The Director of Health services then provided education to licensed nurses and Certified Medication Assistants regarding the guideline requirement that controlled substance medication is to be signed out in the narcotic log book on the narcotic count sheet immediately after dispensing. This education occurred on 07/24/2026.

***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 practice?**

*The Director of Health Services or designee will conduct 5 random medication pass observations a week for 4 weeks to verify that the nurse and certified medication

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assistant is signing out controlled substances on the narcotic log sheet immediately following dispensing of medication Daily Monday through Friday x 4 weeks then weekly x4 weeks, then every other week x2 months, then monthly x3 months.

* This corrective action plan will be reviewed by the Quality assurance team during QAPI monthly to determine ongoing monitoring. Findings suggestive of 100% compliance may result in cessation of the monitoring plan.

Compliance Date: 8/7/2026

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
SIGNATURE Rachel Riley

TITLE Executive Director

(X6) DATE 08/07/2026