

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

PRINTED: 09/25/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/27/2024	
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3001 GALAXY DR EVANSVILLE, IN 47715			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00428144.</p> <p>Complaint IN00428144- Federal/state deficiencies related to the allegations are cited at F580, F656.</p> <p>Survey dates: February 26, 27, 2024.</p> <p>Facility number: 002280 Provider number: 155723 AIM number: 201068770</p> <p>Census Bed Type: SNF: 26 SNF/NF: 21 Residential: 38 Total: 85</p> <p>Census Payor Type: Medicare: 19 Medicaid: 19 Other: 9 Total: 47</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on February 29, 2024.</p>			F 0000			
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.)</p> <p>Based on interview and record review, the facility failed to notify the residents representative for 1 of 3 falls reviewed. A resident's representative was not notified of a fall until the next day. (Resident B)</p>			F 0580	<p>1 Resident B was not affected by the alleged deficient practice. No adverse effects noted.</p> <p>2 All residents have the potential to be affected by the</p>		03/19/2024

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 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 30 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>Finding includes:</p> <p>On 2/26/27 at 9:43 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing (primary, admission), unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance.</p> <p>An Admission MDS (Minimum Data Set) assessment dated 12/3/23, indicated Resident B's cognition was moderately impaired, toileting dependent, sit to stand substantial. Resident B no longer resided at the facility.</p> <p>Care plans were reviewed and included, but were not limited to Resident is at risk for falling r/t fall history, impaired mobility... start date 11/29/23.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>1/9/24 at 11:15 p.m., " pt had call light on, staff entered room and pt was sliding off bed holding onto call light in his attempt to bo (sic) to the bathroom by himself. ROM (range of motion) normal all extremities. Assisted per 2 to toilet then to bed. Neurochecks initiated. Encouraged pt to call for help when transferring."</p> <p>1/9/24 at 11:53 p.m., " MD notified of fall."</p> <p>A progress note dated 1/10/24 at 12:11 a.m., included but was not limited to: " Pain severity and location : How does Resident rate their pain from 1-10 2</p>				<p>alleged deficiency. Nursing personnel educated on fall program protocol and when notifications should be made.</p> <p>3 As a measure of ongoing compliance, the DHS or designee will complete random audits of resident records regarding falls to ensure appropriate and timely notification was completed. Audits to consist of 3 residents weekly x 4 weeks, then 3 residents every other week for 2 months, and then 3 residents monthly x 3 months.</p> <p>4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>		

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	<p>Resident describes pain as:: Aching Does resident display non-verbal signs of pain ? Yes Non-verbal signs of pain: Facial grimaces/winces-furrowed brow, narrowed eyes, clenched teeth, tightened lips, jaw drop/distorted expressions. What alleviated pain ?: Medication, rest Teaching and Training provided :: Fall prevention and safety management. Exacerbation of symptoms, when to call the physician..."</p> <p>The EMAR (Electronic Medication Administration Record) was reviewed for 1/9/24-1/10/24 and included, but was not limited to:</p> <p>hydrocodone -acetaminophen (pain medication) 7.5-325 mg amount to administer 1 tablet oral every 6 hours prn (as needed) was given at 1:37 a.m., on 1/10/24, pain location butt, pain scale 4.</p> <p>1/10/24 at 7:20 a.m., " Was called to room 410. Resident was in w/c. PT was here to take down for therapy. Resident slump in w/c. Color was pale pulse was not present. Got resident in bed and applied o2 and V/s were taken. Pupils were pinpoint. Son [name] was notified and return called to keep resident comfortable and he would be here. Not to send resident out. [name] daughter arrived before [name]. Staff was monitor v/s and keeping family informed."</p> <p>1/10/24 at 3:05 p.m., " Residents family at bedside et requesting resident be sent out to [name of hospital] ED (emergency department) for eval et trt (treat) re: c/o strong pains with Lt. femur. Called Dr.[name] office et. received order to send to to [name of hospital] ED for eval et trt. re: c/o pains with Lt. Femur upon any movement or touch. Called [name] for transportation to [name of</p>						

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F 0656 SS=D Bldg. 00	<p>hospital] ED.</p> <p>On 2/27/24 at 9:11 a.m., the DON indicated the nurse on duty when Resident B fell was going to call the family and inform them of the fall in the morning because it was late at night and no injuries were found, he became unresponsive in the morning and the son was called, she thought the son's wife came in first.</p> <p>On 2/27/24 at 11:02 a.m., the DON provided the current policy on fall management program guidelines with an effective date of 5/31/17 and a review date of 12/31/23. The policy included, but was not limited to, ...3. The attending physician or medical director in the absence of the attending physician and the responsible party should be notified...</p> <p>This citation relates to Complaint IN00428144.</p> <p>3.1-5(a)(1)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on observation, interview, and record review, the facility failed to follow the plan of care for 1 of 3 residents reviewed for falls. A resident was assisted by one staff instead of two to transfer. (Resident C)</p> <p>Finding includes:</p> <p>On 2/26/24 at 11:28 a.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's disease, Alzheimer's disease, repeated falls.</p> <p>A Quarterly MDS (Minimum Data Set)</p>			F 0656	<p>1 Resident C was not affected by the alleged deficient practice. No adverse effects noted.</p> <p>2 All residents have the potential to be affected. Nursing personnel educated on following residents plan of care and order regarding transfers.</p> <p>3 As a measure of ongoing compliance, the DHS or designee will complete random audits of transfers to ensure transfer order and care plan is followed correctly. Audit to consist of 5 residents</p>		03/19/2024

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	<p>Assessment dated 1/24/24, indicated Resident C's cognition was impaired, toileting hygiene dependent, sit to stand substantial/maximal assist, chair/bed to chair : the ability to transfer to and from bed to a chair (or wheelchair) substantial/maximal assist.</p> <p>Care plans were reviewed and included, but were not limited to: Profile care guide: Goal : To communicate resident care needs. Approaches included, but were not limited to: Transfers: assist x 2, start date 10/17/23.</p> <p>Current physicians orders for February 2024 were reviewed and include, but were not limited to: , Activity: assist x 2 for transfers, start date 10/17/23.</p> <p>Progress notes were reviewed and included, but were not limited to: 2/3/24 at 12:06 a.m., [recorded as late entry on 2/3/24 12:07 a.m.], " resident was assisted to floor after loosing (sic) his balance around 2130 on 2/2/24, poa (power of attorney) and md made aware. no injures noted or reported."</p> <p>2/3/24 at 7:47 p.m., " continues monitoring for assisted fall. no injures noted. denies pain or discomfort. VS WNL. will continue to monitor."</p> <p>2/5/24 at 9:40 a.m., " IDT : Resident being assisted transferred from wheelchair to toilet seat. Wheelchair footrest fell forward onto residents ankle causing resident to lose balance. Resident was assisted by staff member onto floor. No injuries noted. Vitals WNL. MD and family aware. Root cause: loosening of footrest on wheelchair. Intervention: assess wheelchair and notify hospice of any adjustments needed."</p>				<p>weekly x4 week, then 5 residents every other week for 2 months, then 5 residents monthly for 3 months.</p> <p>4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>		

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	<p>2/14/24 at 6:18 p.m., " CAR: Resident placed in CAR (Comprehensive Assessment Review) monitoring for recent assisted fall when Broda chair footrest engaged forward bumping resident leg causing him to lose balance. Hospice to have Broda chair evaluated to assure footrests engage properly. Continues to transfer with assist of one. Propelled per staff and family. Plan of care monitored for effectiveness."</p> <p>The CAR note did not include the use of two assist for transfer as identified on the current care plan.</p> <p>On 2/27/24 at 9:12 a.m., the DON indicated the profile care guide on the care plans, is communication for the CNA's on residents needs.</p> <p>On 2/27/24 at 9:28 a.m., Resident C was observed to be transferred from his Broda chair to bed by CNA 1 and CNA 2. CNA 1 and CNA 2 indicated Resident C was a two assist for all transfers.</p> <p>On 2/27/24 at 10:41 a.m., the DON indicated CNA 3 was transferring Resident C by herself when he was lowered to the bathroom floor, fall interventions are on the resident care assist profile on the kiosk.</p> <p>On 2/27/24 at 11:02 a.m., the DON provided the current policy for comprehensive care plan guidelines with an effective date of 5/22/18. The policy included, but was not limited to: Purpose : To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines...4. Pertinent care plan approaches are communicated to the nursing staff per the 24-hour CRCA (Certified Resident Care Associate/ Certified Nurse Aide) assignment or</p>						

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	the care tracker profile dependent on campus preference... On 2/27/24 at 11:02 a.m., the DON provided the current policy on fall management guidelines with an effective date of 5/31/17 and a review date of 12/31/23. The policy include, but was not limited to: ...b. care plan interventions should be implemented that address the resident's risk factors... This citation relates to Complaint IN00428144. 3.1-35(a)						