

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

PRINTED: 01/22/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/27/2024	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00446386, IN00447395, and IN00448034.</p> <p>Complaint IN00446386 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00447395 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00448034- Federal deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: 11/25/24- 11/27/24</p> <p>Facility number: 000044 Provider number: 155106 AIM number: 100274940</p> <p>Census Bed Type: SNF/NF: 118 Total: 118</p> <p>Census Payor Type: Medicare: 5 Medicaid: 72 Other: 41 Total: 118</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 4, 2024.</p>			F 0000	<p>By submitting the enclosed Plan of Correction Riverwalk Village is not admitting to the truth or accuracy of any specific finding or allegation. We reserve the right to contest these findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. Please consider this plan of correction as our allegation of compliance. We are respectfully requesting a desk review for this plan of correction.</p> <p>Facility is requesting a face to face IDR for F610 as we disagree with scope and severity assigned.</p>		
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices Based on record review and interview, the facility			F 0689	<u>What corrective action(s) will</u>		12/17/2024

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 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 disclosed 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>failed to accurately assess for fall risks, to implement fall interventions, and to thoroughly document falls for 1 of 3 residents reviewed for falls with injury. (Resident F)</p> <p>Findings include:</p> <p>Resident F's clinical record was reviewed on 11/26/24 at 4:00 p.m. Diagnoses included unspecified dementia, difficulty walking, and history of falling.</p> <p>A 8/29/24, "Geriatric Interim Care Note" from Resident F's admission paperwork indicated the following: fall one week ago on 8/21/24, with right hip pain ongoing. The fall one week ago was out of a chair onto right hip, did not hit head, able to get up unassisted. Hip was painful without improvement. He still walked and bore his own weight. Dementia with behavioral disturbances, likely mixed vascular and Alzheimer's Disease. He had been getting more assistance with ADLs and iADLs, which family had been providing. Skilled nursing placement required for wound care.</p> <p>A 9/3/24, "Admission Fall Assessment" document indicated the resident had no falls in the previous six months, was incontinent of bowel and bladder, no tethering equipment, no mobility issues, and had an altered awareness of his surroundings. The fall assessment score was 9, which indicated a moderate fall risk.</p> <p>A new admission care plan, dated 9/3/24, indicated implementation of services to include assistance with activities of daily living. The approaches included the following: Assist with transfers, ambulation, bed mobility, toileting and/or incontinent care, eating/drinking, and bathing/hygiene, including oral/dental care.</p>				<p><b><u>be accomplished for those residents found to have been affected by the deficient practice?</u></b> Resident was assessed and sent to ER for eval and treatment. Resident no longer resides in facility.</p> <p><b><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></b> No other residents were found to be affected by this alleged deficient practice. All residents residing in the facility have the potential to be affected by this alleged deficient practice.</p> <p>Any resident who fell within the last 15 days, the fall will be reviewed to ensure fall interventions were implemented per policy and accurately documented.</p> <p>All residents will be properly assessed for falls, implement necessary fall interventions, and thoroughly document any falls.</p> <p><b><u>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</u></b> On or before 12/17/2024 all licensed nurses were educated by</p>		

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	<p>Provide fall prevention interventions: (call light in reach, area free of clutter, room orientation, non-skid footwear when out of bed, other).</p> <p>A "progress note", dated 9/3/24 at 5:00 p.m., indicated the resident arrived with family, ambulated with a walker, was continent of bowel and bladder, and was seen with walker, peering under the bed. Resident F was shown the call light and told to alert staff if something was needed. Resident F was very unsteady on feet and left walker outside of bathroom and would not allow staff to help him.</p> <p>A late entry "progress note", dated 9/3/24 at 6:45 p.m., initiated on 9/4/24 at 4:56 p.m., indicated the resident was found on the floor, in the doorway, seated upright with legs extended. Resident F was previously seen in bed. Resident was assessed for injury, assisted to stand, and given his walker. He indicated he fell.</p> <p>A late entry "progress note", dated 9/3/24 at 7:16 p.m., initiated on 9/4/24 at 4:57 p.m., indicated the Director of Nursing (DON) and family were notified of fall and a new order to send the resident to the emergency room for assessment.</p> <p>A "progress note", dated 9/3/24 at 7:59 p.m., indicated the resident was found lying on the floor, on his left side. There was a large amount of blood and an open area to his head that was larger than when he arrived. Resident F was assessed and assisted into a chair. Resident F was alert and answered questions. Pressure was held to the wound. Physician was notified and an order to send to the emergency room was given.</p> <p>A 9/4/24, "Interdisciplinary Team (IDT) Fall" note indicated the resident was a new admit and was</p>				<p><i>the Director of Nursing Services regarding the fall management policy, assessments, interventions, and documentation.</i></p> <p><i>All residents will be properly assessed for falls, implement necessary fall interventions, and thoroughly document any fall which will be reviewed by IDT.</i></p> <p><b><u>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?</u></b></p> <p>"Fall Management QAPI Tool" will be utilized by the DNS/Designee to review all falls for assessments, interventions, and documentation 5 times a week for 4 weeks, weekly for 4 weeks, and monthly for 5 months. Any issues will be corrected immediately and reported to the executive director. All results will be reported to the Quality Assurance and Performance Improvement Committee overseen by the facility Executive Director. If a threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p><b><u>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is</u></b></p>		

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	<p>observed ambulating with a walker. He had an unsteady gait prior to the fall. He was observed lying on his left side in street clothing and non skid shoes. He stated he was unsure what he was attempting to do. Staff earlier reported him attempting to look under furniture. Resident F received a laceration to the head. Resident F was sent to the emergency room for evaluation and treatment. He was admitted to the hospital. Root cause found to be new admission with confusion to immediate surroundings and unsteady gait. Care plan was updated.</p> <p>A 9/3/24 "Fall Event", initiated on 9/4/24 at 4:47 p.m., indicated the resident had an unwitnessed fall without injury. The resident was previously seen lying in bed. The immediate intervention was to assess the resident and assist back to standing position.</p> <p>A 9/3/24 "Fall Event", initiated on 9/3/24 at 7:59 p.m., indicated the resident had an unwitnessed fall with head pain and a laceration. The resident was up with walker in room. The immediate intervention was to send the resident to the emergency room for evaluation.</p> <p>A "progress note" dated 9/4/24 at 7:48 a.m., indicated the resident was admitted to the hospital with the diagnosis of a brain bleed.</p> <p>During an interview, on 11/26/24 at 12:23 p.m., RN 7 indicated when a resident fell, the staff needed to immediately assess the resident and the environment before moving them. The electronic medical record had a fall event staff were to complete with as much information as possible. This included vitals signs, the circumstances of the fall, and the new interventions immediately used after the fall. Fall interventions should be</p>				<p><u><b>determined that the correction will not be completed by the date previously submitted. The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date.</b></u></p> <p>12/17/2024</p>		

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	<p>specific to each resident and the needs of the resident. The DON and physician should be called immediately.</p> <p>During an interview, on 11/27/24 at 11:14 a.m., the ADON indicated when a new resident admitted to the facility, the nursing staff received an intake referral form and general hospital or physician paperwork. The staff were able to access and review this information about a resident's condition and diagnosis. She was not on staff when Resident F admitted.</p> <p>During an interview, on 11/27/24 at 11:29 a.m., the DON indicated the nurses on staff reported falls to her. At the time of this report, the DON and staff member reviewed the current fall interventions and immediately added new interventions to prevent further falls. The fall interventions were reviewed in the next IDT meeting to ensure they were appropriate or if they should be changed. The DON indicated the staff member working the night Resident F admitted and had two falls did not follow the policies and procedures of the facility.</p> <p>A current facility policy, revised 8/22, titled, "Fall Management Policy", provided by the Administrator on 11/27/24 at 12:51 p.m., indicated the following: "... 1. Fall risk/fall prevention will be assessed upon admission... 2. All new admission will be considered a fall risk based upon his/her new living arrangements and his/her reasons for being admitted into the nursing facility. 3. A care plan will be developed at the time of admission with specific care plan interventions to address each resident's fall risk factors... 5. Residents who are categorized as moderate to high risk should have fall interventions based on resident specific risk factors...Post Fall... A fall event will be</p>						

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	initiated as soon as the resident has been assessed and cared for. The report must be completed in full in order to identify possible root causes of the fall and provide immediate interventions...."  This citation relates to Complaint IN00448034.  3.1-45 (a)(2)						