STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	10/05/2022

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

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00390950. Complaint IN00390950- Substantiated. State deficiency related to the allegations is cited at R0053. Survey dates: October 4 and 5, 2022 Facility number: 010885 Residential Census: 105 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 13, 2022.	R 0000		
R 0053 Bldg. 00	410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse. Based on record review and interview, the facility failed to ensure residents were safe from verbal abuse for 1 of 7 residents reviewed for abuse. (Resident C) Findings include: The review of the Incident, reported by the facility on 9/23/22, indicated Resident B was sitting in her wheelchair, when Resident C wanted to sit in a chair by Resident B's wheelchair. He reportedly pushed the wheelchair away from the chair to sit down. Staff who were present in the area indicated hearing CNA (Certified Nurse Aide) 3 yell and	R 0053	#1. All staff will attend a mandatory in-service on Resident rights provided by the Wellness Director. All staff will attend a mandatory in-service on Abuse provided by the Wellness Director. #2. Resident C , as identified in 2567, has had no signs or symptoms of distress following incident. Review of resident C's file notes Resident visited with family in his room. Resident on following day was up for breakfast, mood pleasant, communicating per	11/11/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jerrie Keck	ED	11/04/2022

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	argue with Resident C. CNA 3 was suspended during the investigation. The residents were assessed, with no injuries. All staff were in-serviced on abuse. The facility Corrective Action Form, dated 9/28/22, indicated the staff member yelled at a resident for trying to move a wheelchaired resident. A description of the incident indicated a male resident was witnessed pushing a female resident's wheelchair forward so he could sit in a chair. The CNA started yelling "Don't touch her, Don't lay hand on anyone ever." Per staff the resident and staff members were uncomfortable. The recommendations were to suspend the CNA pending investigation; with a recommendation to terminate. The facility documented statements indicating the following: - In a statement signed by QMA (Qualified Medication Aide) 4 on 9/21/22 at approximately 8:00 p.m., indicated she witnessed a CNA yell at a resident (Resident C). The CNA yelled for him to not put his hands on another resident. This was in the common area, in front of most of the other residents. Resident C was trying to sit in a chair, and there was a female resident in a wheelchair in front of the chair. The CNA removed Resident B and put her in front of the television. Resident B was not crying and had no visible injury. - In a statement signed by QMA 5, on 9/21/22 at 8:00 p.m., indicated QMA 4 and she were walking through the common area to pass medications to a resident that was in their room and they heard CNA 3 screaming and yelling at a resident. She was yelling at him, telling him don't every put your hands on another resident and you know better		normal. No documentation to date (10/27/2022) regarding signs or symptoms of distress. #3. No other residents were noted to have been affected by the deficient practice. The CNA 3; as identified in the 2567, was immediately suspended pending the investigation. At the time of suspension the CNA indicated that she would have another job by the following Monday. The CNA no longer works for Riverbend. The residents were assessed and no injuries were noted. All staff were in-serviced on Abuse by the Assistant Wellness Director. #4. Wellness Director and/or designee will provide mandatory in-service on Resident Rights to all staff monthly times three (3) months. Then every three (3) months times six months. Then every six (6) months times one (1) year and annually thereafter. The Wellness Director and/or designee will provide in-service on Abuse to all staff monthly times three (3) months, then every three (3) months times six (6) months then every six (6) months times one (1) year and annually thereafter. Wellness Director and/or designee will check new hire paperwork to assure initial training on Abuse and Resident Rights are completed. #5. Observations/interviews will be conducted with on-duty staff and an interviewable resident twice	

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	than that. She continued to yell at him when she was taking Resident B away from the situation. - In a statement signed by Nursing Supervisor on 9/22/22 at 6:00 p.m., indicated she witnessed CNA 3 stating she was going to have another job by the following Monday due to a pending investigation of abuse against her. During an interview on 10/4/22 at 1:05 p.m., the DON (Director of Nursing) indicated she was on vacation when the incident occurred, and staff waited for her return to report it. She was informed that CNA 3 raised her voice to Resident C. CNA 3 indicated she watched Resident C push the female out of his way. Another staff indicated to her he just pushed the wheelchair, but she wasn't sure who the staff was. CNA 3 was suspended during their investigation and she was then terminated. During an interview on 10/4/22 at 1:13 p.m., QMA 7 indicated CNA 3 was loud and had a bold personality. She did her job, but the way she talked to the residents was bad, especially to Resident C. CNA 3 would make up stories also. The QMA asked Resident B about the incident the next morning and she had no memory of the incident. During an interview on 10/4/22 at 1:20 p.m., Resident B indicated she had no worries about being hurt or mistreated at the facility. She had been treated well. During an interview on 10/4/22 at 1:23 p.m., Resident C indicated he felt safe at the facility and that no one had been mean to him. During a phone interview on 10/5/22 at 5:19 p.m., QMA 8 indicated, on 9/21/22, she was training		weekly at random times by the Wellness Director or designee times six (6) weeks then once weekly times six (6) weeks and then monthly thereafter to ensure there has been no incidents of verbal abuse noted. Any occurrence will be reported and addressed per Abuse policy.	

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	another staff, and they were headed down the hall from the common area when they heard yelling and screaming. They both turned and looked at each other and indicated this was verbal abuse. CNA 3 was rolling Resident B toward the fireplace area. The CNA was yelling and screaming at Resident C. A supervisor and a nurse entered the common area. The CNA yelled at QMA 8 to send Resident C out for his behaviors. Neither resident appeared fearful. One week ago, CNA 3 was argumentative with a resident. QMA 8 let CNA 3 know her behavior was not acceptable. CNA 3 would leave the building to take her family member to work during her shift. Other staff would have to pick up her workload then. CNA 3 would call in with reasons she couldn't work her shift. After the incident, CNA 3 was asked to leave until the investigation was completed. The Abuse Prevention Policy, dated 8/10/18, was provided by the DON on 10/4/22 at 2:27 p.m. The policy included, but was not limited to, " ...It is the policy of the Facility to protect residents from abusive acts and to adequately train Facility personnel in methods of detection and prevention of abuse. The Facility will comply with state and federal regulations for reporting suspected or actual acts of abuse ... (v) Resident have the right to be free from ... (3) mental abuse ... (w) Residents have the right to be free from verbal abuse ... Behaviors which will not be tolerated by the Facility include ... a. Being disrespectful ... e. Arguing with a resident, family member or co-worker ... i. Inappropriate voice tone and/or volume ..." This State tag relates to Complaint IN00390950			
R 0273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency			

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Bldg. 00	(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 observation and interview, the facility failed to ensure all kitchen equipment and storage areas were clean and in good repair during 2 of 2 kitchen observations. This deficient practice had the potential to affect 105 of 105 residents who received meals from the kitchen. Findings include: 1. During the initial tour of the House Kitchen with the Dietary Manager on 10/4/22 between 9:15 a.m. and 9:50 a.m., the following was observed: - The small refrigerator by the kitchen door to the dining room had a saucer size ice chunk on the top and second shelf in the back. The Dietary Manager indicated a repair man had been in to fix it, but guessed it didn't work. It seemed to happen every time it went on the defrost cycle. The ice would form and then staff cleaned it. The stainless steel vent slats on the lower part of the ice machine had a moderate build up of brown greasy dust on the left half. - All the cabinet and drawers inside were soiled with brown stains and dirt/food particles. - One double door reach in refrigerator's bottom shelf had food particles and various size spots ranging in color of yellow, brown and pink. - One three door reach in freezer had ice build up inside along the entire back wall of the top shelf. The Dietary Manager indicated that during the summer, there was water on the floor due to	R 0273	by #1. All food preparation areas, kitchen equipment and storage areas will be deep cleaned the Dietary Manager and kitchen staff. #2. No residents were noted to have been affected by the deficient practice. Wellness Director audited log of Infection Preventionist records and noted no reports of food related illnesses for past 90 days. Wellness Director and/or designee will continue to monitor for any signs/symptoms of illnesses and follow up as needed. #3. Documentation records for Daily Cleaning Assignments have been in-serviced by the Dietary Manager to all kitchen staff. Documentation for weekly cleaning assignments have been in-serviced to all kitchen staff by the Dietary Manager. Documentation for Monthly Cleaning Assignments have been in-serviced by the Dietary Manager for all kitchen staff. Emphasis was made on the PRN (or as needed) for all areas so as not to just do the cleaning task , Daily-Weekly-Monthly but to also clean as needed at anytime. #4. Logs for Daily Cleaning will be reviewed by the Dietary Manager daily times six (6) weeks, then weekly thereafter. Any missing	11/11/2022

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	condensation. Now with the cooler temperatures, it was causing the ice inside the freezer. - The two single door freezers had food particles and various size spills on the bottom shelf inside. - The entire floor of the kitchen, corners, around the baseboards and under the stove were blackened with food particles on it. - Six feet of the wall above the reach in freezers and refrigerators had a light coating of gray dust. - The floor of the dry storage had blackish dirt and food crumbs under the shelves, along the baseboards and main walkway. - Three of three ceiling vents and one foot ceiling surrounding the vents had blackish/gray dust on them. - The large black trash can had multiple streaks of different colors running down the length of the can. - The deep fryer's lid, sides and top area surrounding the oil well had a heavy coating of grease with yellow/brown food particles inside the oil and on top of the fryer. - The stainless steel wall behind the fryer and stove had a heavy splattering of grease. - The stove and grill tops and corners had a heavy build up of black greasy substance with brown food particles in it. 2. During the initial tour of the Cottage Kitchen on 10/4/22 between 10:06 a.m. and 10:30 a.m., the following was observed:		initials of staff will be addressed immediately. Dietary Manager will audit condition of the kitchen, equipment and storage areas and address staff that initialed the cleaning logs if problems are noted. Logs for Weekly Cleaning will be reviewed weekly times six (6) weeks then monthly thereafter. Monthly Cleaning logs will be reviewed by the Dietary Manager monthly on-going. Any and all problems with documentation as well as the cleanliness of the kitchen, equipment or storage areas will be addressed immediately.	

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	- The handwashing sink had a moderate drip which was unable to be turned off. The pipe under the sink was dripping into a pan underneath the sink on the floor. A black ring was around the entire inside of the upper part of the sink. - The chest freezer had a heavy build up frost around the entire inside of it. - The tall freezer next to the soda vending machine had 5 brown quarter size spots on the inside door and inside ceiling. The inside bottom shelf of the freezer had a heavy amount of food particles and the door had multiple streaks down the stainless steel front. - The floor of the dry storage had black dirt particles under the shelves, corners, legs of the shelves, and baseboards. - The double door reach in freezer had dinner plate size ice formations in the front part of all 3 shelves which was dripping out into a pan on the floor. The cook indicated ice and dripping water started last week and someone was supposed to come and fix it. A pan was put there as it was running across the floor. There were also spilled green beans froze to the bottom shelf in the freezer. - The two door reach in refrigerator had orange and white dried spots on the bottom shelf. A large bottle of French dressing inside had multiple orange drips down the sides. - The ice machine had a heavy coat of gray dust on the bottom front. - The stove top had a heavy black greasy build up in the corners with food particles.			

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In an interview on 10/4/22 at 11:00 a.m., the Dietary Manager indicated the problem with the freezer in the Cottage started 2 months ago due to a blown compressor, it was fixed but now they were waiting on the repairman to come back again.

On 10/5/22 at 9:15 a.m., the Dietary Manager presented a copy of the As-Cleaned Kitchen Sanitation records for July, August and September 2022.

Review of the Cottage as cleaned records indicated the following:

- In July, August and September, the big freezer leaked despite having been repaired in July.

- The sink (clean/remove debris), stove (clean) and squeeze bottles (clean tops and remove debris) were last cleaned on a weekly basis on 9/25/22.

- The ice machine (check coils), store room/pantry, freezers (clean, check coils, seals) and base around floors (wipe) were last cleaned on a monthly basis on 9/24/22.

Review of the House as cleaned records indicated the following:

- The kitchen drawers (clean out food crumbs and spills), garbage container (clean), stove grids (clean), shelves and cupboards (clean) were last cleaned on a weekly basis on 9/25/22.

- The ceiling and vents (clean dust and grease build-up), stove (clean), store room/pantry (organize), freezers (clean and organize, check coils/seals), ice machine coils, grease hops, base

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	around floor (wipe), and upper and lower cupboards (wipe inside, doors and tops) were last cleaned on a monthly basis on 9/25/22.			
R 0306 Bldg. 00	410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. Based on observation, record review, and interview, the facility failed to ensure staff documented the inventory of narcotics upon administration for 4 of 42 residents of narcotic medications. (Residents D, E, F, and G) Findings include: 1. On 10/4/22 at 9:50 a.m., the following controlled medication discrepancies were observed for Resident D's diphenoxylate-atropine 2.5-0.25 mg was signed out on 10/4/22 at 10:00 a.m. The count indicated 42 tablets, but 41 tablets were documented on the Controlled Substances Record sheet. Resident D's Alprazolam 0.5 mg was signed out on 10/4/22 at 10:00 a.m. The count indicated 50	R 0306	#1. All staff that administer medications to the residents will attend a mandatory in-service provided by the Wellness Director. This in-service will address proper procedures for administering and documenting medication. This in-service will include signing out a medication, including narcotics, therefore assuring the count sheets are accurate at all times. #2. Wellness Director reviewed the files of Residents' D,E,F and G and found no S/S of any distress. There were no count	11/11/2022

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	tablets, but 49 tablets were documented on the Controlled Substances Record sheet. 2. On 10/4/22 at 9:50 a.m., the following controlled medication discrepancy was observed for Resident E's lacosamide 200 mg 2 times daily was signed out on 10/4/22 at 8:00 a.m. The count indicated 40 tablets, but 39 tablets were documented on the Controlled Substances Record sheet. 3. On 10/4/22 at 9:51 a.m., the following controlled medication discrepancy was observed for Resident F's, hydrocodone-acetaminophen 10-325 mg was signed out on 10/4/22 at 12:00 p.m. and 6:00 p.m. The count indicated 34 tablets, but 32 tablets were documented on the Controlled Substances Record sheet on the Cottage B Hall cart. 4. On 10/4/22 at 9:51 a.m., the following controlled medication discrepancy was observed for Resident G's clonazepam 0.5 mg (0.25 mg) half tablets were not signed out when administered. The count indicated 57 half tablets, but 58 half tablets were documented on the Controlled Substances Record sheet. During an interview on 10/4/22 at 9:52 a.m., QMA (Qualified Medication Aide) 11 indicated normally he didn't sign out narcotics prior to the administration. He should not have signed those out ahead of time. During an interview on 10/4/22 at 10:15 a.m., LPN (Licensed Practical Nurse) 9 indicated she should not have signed out the two different times on the narcotic sheet. During an interview on 10/4/22 at 10:20 a.m., LPN		discrepancies noted after the meds that were dispensed to the residents were documented. #3. Medications will be administered per proper procedure as in-serviced by the Wellness Director. Medications will be initialed into the MARS per policy as meds are administered. Narcotics will be signed out when dispensed to ensure correct counts on Controlled Substances Records. Medication Pass audit/observation will be provided by the Wellness Director routinely. #4. The corrective action will be monitored to ensure the deficient practice does not recur by the Wellness Director. The Wellness Director and/or designee will audit MARS and Narcotic count sheets daily times five (5) weeks then two (2) times per week times four (4) weeks , then one (1) time per week times six (6) weeks then monthly thereafter. The Wellness Director and/or designee will conduct Medication Pass observations weekly times four (4) weeks then monthly times four (4) months then every three (3) months thereafter.	

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	10 indicated she had administered the narcotic prior to administering another resident's medication. She just hadn't had the chance to sign it out. During an interview on 10/4/22 at 10:40 a.m., the DON (Director of Nursing) indicated staff should give the narcotics before they signed it out and before going to another room to administer medication. The current New Resident Medication/Treatment Record policy was provided on 10/5/22 at 9:35 a.m. The policy included, but was not limited to, "... 10. After a new Medication Sheet is generated, all Employee Partners assisting with medications (or treatments) must initial and sign on the bottom of the page the first time he/she assists the Resident."			