

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

PRINTED: 11/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155621	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/27/2023
NAME OF PROVIDER OR SUPPLIER  <b>RIVER BEND NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3400 STOCKER DR</b> <b>EVANSVILLE, IN 47720</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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)
{E 000}	<p>Initial Comments</p> <p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 10/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Dates: 11/27/23</p> <p>Facility Number: 000442 Provider Number: 155621 AIM Number: 100266510</p> <p>At this PSR to the Emergency Preparedness survey, River Bend Nursing and Rehabilitation was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has a capacity of 113 certified beds and had a census of 62 at the time of this visit.</p> <p>Quality Review completed on 11/29/24</p> <p>INITIAL COMMENTS</p>	{E 000}	
{K 000}	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 10/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Dates: 11/27/23</p> <p>Facility Number: 000442 Provider Number: 155621 AIM Number: 100266510</p> <p>At this PSR to the Life Safety Code survey, River</p>	{K 000}	

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 90 days 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 14 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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{K 000}	<p>Continued From page 1</p> <p>Bend Nursing and Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This building consists of two sections; the original portion of the building was a two story, fully sprinklered building determined to be of Type II (222) construction, and the Stocker Addition I and Stocker Addition II were a one story, fully sprinklered building determined to be of Type V (111) construction. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms in the Stocker Addition I and Stocker Addition II, plus battery operated smoke detectors in all resident sleeping rooms in the original two story section. The facility has a capacity of 113 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 11/29/23</p>	{K 000}		