

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

PRINTED: 08/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/27/2023	
NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129			
(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 IN00410795 and IN00411272.</p> <p>Complaint IN00410795 - Federal/State deficiency related to the allegations is cited at F755.</p> <p>Complaint IN00411272 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: June 26 and 27, 2023</p> <p>Facility number: 000082 Provider number: 155165 AIM number: 100289640</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 1 Medicaid: 60 Other: 27 Total: 88</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 28, 2023.</p>			F 0000	Please accept this plan of correction as facilities' credible allegation of compliance. Please note this facility respectfully request paper review for this survey.		
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tina Martin

Executive Director

07/17/2023

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 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>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to implement a treatment, upon admission, for a resident (Resident D) with wounds for 1 of 3 residents reviewed for treatment and services for pressure ulcers.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 6/26/23 at 12:34 p.m. The diagnoses included, but were not limited to, dislocation of internal right prosthesis and anemia.</p> <p>The admission observation assessment, dated 6/15/23 at 3:30 p.m., indicated the resident had a sacral ulcer which measured 4 cm (centimeters) in length, 4 cm in width with a depth of 0.2 cm; an area to the right calf which measured 4.4 cm in length, 0.6 cm in width with a depth of 0.6 cm; and a smaller area to the right calf which measured 1.5 cm in length, 0.5 cm in width with a depth of 0.6 cm.</p> <p>The physician's order, dated 6/19/23, indicated the gently cleanse the sacral/coccyx area with normal saline, gently pat and cover the area with optifoam daily.</p>			F 0686	<p>F-686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on interview and record review, the facility failed to implement a treatment, upon admission (Resident D).</p> <ol style="list-style-type: none"> Resident D had treatment orders initiated 6/19/23. No other residents identified as being affected. All newly admitted residents have the potential to be affected. 100% audit has been completed on all residents with wounds/skin areas to ensure all treatment orders are in place. Licensed nurses have been provided education on implementing treatment orders on admission for any residents admitted with skin impairments/wounds as well as any resident that has a change in condition r/t skin impairments/wounds. DNS/Designee will review new admission observation 		07/21/2023

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F 0755 SS=D Bldg. 00	<p>The physician's order, dated 6/19/23, indicated to clean the opens areas (both) to the right outer calf, apply medihoney to the wound beds, cover with foam and secure with border gauze daily.</p> <p>The clinical record lacked documentation of the physician's notification of the wound upon admission and the implementation of a treatment until 6/19/23.</p> <p>On 6/27/23 at 12:29 p.m., the Director of Nursing indicated treatment orders for wounds should be implemented upon admission.</p> <p>On 6/27/23 at 10:00 a.m., the Director of Nursing provided a current copy of the document titled "Skin Management Program" dated 5/2022. It included, but was not limited to, "Policy...It is the policy...to ensure that each resident receives care...and a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing...Procedure...Alterations in skin integrity will be reported to the MD/NP...Treatment order will be obtained from MD/NP...."</p> <p>3.1-40</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer</p>				<p>assessments to ensure all treatment orders are in place daily for residents with wounds. (QAPI TOOL ATTACHMENT # 1) This will be completed daily for 30 days, then weekly for 30 days, then bi-weekly for 30 days. If 100% compliance is met it will then be completed every 90 days as an ongoing practice. Results will be reported to facility ED and during monthly QAPI meeting.</p> <p>5. Date of Completion 7/21/23</p>		

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	<p>drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident C) convulsion medication was received in a timely manner for 1 of 3 residents reviewed for pharmaceutical services.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 6/26/23 at 12:12 p.m. The diagnosis included, but was not limited to, convulsions.</p> <p>The admission order, dated 5/5/23, indicated the</p>			F 0755	<p>F-755 Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on interview and record review, the facility failed to ensure a resident (resident C) Convulsion medication was received in a timely manner.</p> <p>1. Resident C received convulsion medication on 5/7/23.</p> <p>2. No other residents have been identified as being affected.</p> <p>Medication review for residents</p>		07/21/2023

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	<p>resident was to receive Phenobarbital 32.4 mg (milligrams) in the morning between 7:00 a.m. and 11:00 a.m. and in the evening between 7:00 p.m. and 11:00 p.m.</p> <p>Review of the May 2023 medication administration record indicated the resident did not receive the first dose of the medication until 5/7/23 between 7:00 a.m. and 11:00 a.m.</p> <p>On 6/27/23 at 10:00 a.m., the Director of Nursing provided a copy of the pharmacy order timelines. It indicated that medications ordered Monday through Friday by 8:00 p.m. would arrive at the facility the following morning.</p> <p>Review of the pharmacy deliver sheet indicated the medication was shipped on 5/6/23 and received by the facility on 5/7/23 at 1:37 a.m.</p> <p>During an interview 6/27/23 at 1:53 p.m., Pharmacist 6 from the facility pharmacy indicated medications were sent based on cut off times. If a resident was admitted and admission orders faxed to the pharmacy by 6:00 p.m., the medications would be delivered the next day.</p> <p>This Federal tag relates to Complaint IN00410795</p> <p>3.1-25(g)(2)</p>				<p>receiving convulsion medication has been completed.</p> <p>3. Licensed nurses will be educated on ensuring convulsion medication is received in a timely manner.</p> <p>4. DNS/Designee will review new orders daily for residents with convulsion medication to ensure medication has been received. (QAPI Tool Attachment # 2) This will be completed daily for 30 days, then weekly for 30 days, then monthly for 30 days and every 90 days thereafter. Results will be reported to facility ED, and during monthly, QAPI meeting.</p> <p>5. Date of Compliance 7/21/23</p>		