

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

PRINTED: 03/08/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155726		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2024	
NAME OF PROVIDER OR SUPPLIER  RIVER TERRACE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 400 CAYLOR BLVD BLUFFTON, IN 46714			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of healthcare Complaint IN00427720. This also included a State Residential Licensure Survey. This visit included the Investigation of residential Complaint IN00424346.</p> <p>Complaint IN00427720 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 12, 13, 14, 15, 16, 19, and 20, 2024.</p> <p>Facility number: 003575 Provider number: 155726 AIM number: 200395060</p> <p>Census Bed Type: SNF/NF: 30 Residential: 46 Total: 76</p> <p>Census Payor Type: Medicare: 2 Medicaid: 13 Other: 15 Total: 30</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 21, 2024</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective March 3, 2024, for the complaint survey completed February 20, 2024.</p>		
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility						

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

TITLE

(X6) DATE

Rod Craft

Administrator

03/07/2024

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>must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review the facility failed to ensure refrigerator temperatures were monitored for 1 of 1 medication rooms reviewed.</p> <p>Findings include:</p> <p>During an observation, on 2/20/24 at 9:15 A.M., in the medication supply room the refrigerator temperature log was not available.</p> <p>The log provided for the month of February 2024 had no entries for the following: 2/15 days, 2/16 day and nights, 2/17 days and nights, 2/18 days</p>			F 0761	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were identified as being affected by the deficient practice. The refrigerator temperature was checked at the time of the finding and temperature adjusted accordingly.</p> <p>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:</p>		03/03/2024

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	<p>and nights, 2/19 days and nights. The refrigerator temperature was checked with the result of 30 degrees.</p> <p>According to the website Americanbiotechsupply.com (supplier of of pharmacy rated refrigeration) indicated Medication refrigerator temperature guidelines should be between 36-48 degrees. temperatures outside this temperature zone could result in a decease in efficacy of medications stored in the refrigerator.</p> <p>During an interview, on 2/20/24 at 10:10 A.M., the DON indicated she knew the recording of temperatures were a problem. She indicated she made a binder to record and keep temperatures. She provided an undated quality improvement worksheet dated. She indicated she had just completed writing the worksheet. She further indicated it was an expectation for nursing to check and record the refrigerator temperature twice daily.</p> <p>A record review of the prior 5 months of temperature logs provided by DON on 2/20/24 at 10:20 A.M. indicated the following:</p> <p>January 2024 No entries for the following dates/shifts:</p> <p>1/1, 1/2, and 1/3, 1/12, 1/21, 1/22, 1/25, 1/26, and 1/28 days and nights 1/4, 1/5, 1/6, 1/8 , 1/10, 1/15, 1/16, 1/17, 1/18, 1/19, 1/23, 1/24, 1/27, and 1/30 nights 1/11 days</p> <p>A policy and procedure titled, "Unit Refrigerators", was provided by the administrator on 2/20/24 at 10:50 A.M. The policy addresses</p>				<p>All residents who have medications stored in the refrigerator have the potential to be affected by the deficient practice. A temperature log has been placed in a binder in the medication room for licensed staff/QMA's to record the temperature every shift. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The facility policy titled "Medication Storage in the Facility" was reviewed by the IDT. An in-service was conducted with all facility licensed nursing staff and QMA's on the policy. A performance improvement tool has been developed to monitor medication refrigerator temperatures are checked each shift and adjusted if indicated as per policy. 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: A Quality Assurance tool has been developed and implemented that randomly audits (5) days of temperatures of the medication refrigerator. This tool will be completed by the Director of Nursing and/or her designee weekly times three, then monthly times three and then quarterly times three. In the event any</p>		

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F 0851 SS=A Bldg. 00	<p>refrigerators for nourishment. The policy does not address refrigerators for medications as indicated by, 6. The dietary staff will be responsible to monitor and log the refrigerator temperature. The dietary staff do not have access to the locked medication refrigerator in the locked medication room.</p> <p>No other information was provided at time of exit.</p> <p>3.1-25(m)</p> <p>483.70(q)(1)-(5) Payroll Based Journal §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format.</p> <p>Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.</p> <p>§483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).</p>				<p>further concerns are identified, the issue will be immediately corrected, and additional training will be initiated. The outcomes will be reviewed through the facility Quality Assurance Program at least quarterly.</p> <p>By what date the systemic changes for each deficiency will be completed:</p> <p>March 3, 2024</p>		

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	<p>§483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).</p> <p>§483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.</p> <p>§483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. Based on interview and record review, the facility failed to ensure accurate reporting to the Payroll-Based Journal (PBJ) system regarding Nursing hours for 1 of 1 quarter reviewed.</p>			F 0851	It is the practice of this facility to ensure accurate reporting to the Payroll Based Journal system for nursing hours.		03/03/2024

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	<p>Findings include:</p> <p>A record review on 2/19/2024 at 9:15 A.M., of the Certification And Survey Provider Enhanced Reports (CASPER) report: the Payroll-Based Journal (PBJ) data report Quarter 4 2023, July 1-September-30, indicated an area of concern that would be triggered (required follow-up during the survey). The metric: No Registered Nurse (RN) hours, The infraction dates: 07/15/23, 07/29/23, 08/05/23, 08/06/23, 08/12/23, 08/13/23, 08/21/23, 08/24/23, and 09/30/23. Failure to have licensed nursing coverage 24 hours/day, triggered. The infraction dates for failure to have Licensed Nursing Coverage 24 hours/day: 07/04/23, 07/11/23, 08/12/23, and 09/09/23.</p> <p>A record review on 2/19/24 at 11:28 A.M. of the following hours worked (clocked in/out) indicated, 7/4/23, 7/11/23, 8/12/23, and 9/9/23 all had Licensed nursing coverage 24 hours/day. Further review indicated on the dates: 07/15/23, 07/29/23, 08/05/23, 08/06/23, 08/12/23, 08/13/23, 08/21/23, 08/24/23, and 09/30/23 of RN hours. These hours were not accurately reported to the PBJ.</p> <p>An interview, on 2/19/24 at 11:23 A.M., the Administrator indicated, the information ws entered into payroll and then home office would pull the information and enter in the PBJ.</p> <p>A currently facility policy, Reporting Direct-Care Staffing Information (Payroll-Based Journal), was provided by the Administrator on 2/20/24 at 8:42 A.M. The policy indicated..." Direct-care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees...For auditing purposes,</p>				<p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>Written plan of correction not required for this deficiency. Facility has committed to correct.</p> <p>="" p=""&gt;</p>		

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R 0000  Bldg. 00	<p>reported staffing information is based on payroll records, or other verifiable information...Staffing data includes the number of hours worked each day by each staff member...."</p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of residential Complaint IN00424346. This visit included a Recertification and State Licensure Survey. This visit also included the Investigation of healthcae Complaint IN00427720.</p> <p>Complaint IN00424346 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 12, 13, 14, 15, 16, 19, and 20, 2024.</p> <p>Facility number: 003575</p> <p>Residential Census: 46</p> <p>River Terrace Health Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00424346.</p> <p>Quality review completed February 21, 2024</p>			R 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective March 3, 2024, for the complaint survey completed February 20, 2024.</p>		