

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155621	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER RIVER BEND NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 3400 STOCKER DR EVANSVILLE, IN 47720		
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00420446, IN00417400 and Covid-19 Focused Infection Control Survey.</p> <p>This visit was in conjunction to a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/11/23.</p> <p>Complaint IN00417400-- Federal/state deficiency related to the allegations are cited at F686.</p> <p>Complaint IN00420446-- No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 30, 31, November 1, 2, 2023</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Census Bed Type: SNF/NF: 59 SNF: 5 Total: 64</p> <p>Census Payor Type: Medicare: 8 Medicaid: 42 Other: 14 Total: 64</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 8, 2023.</p>	F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because River Bend Nursing and Rehabilitation Center agrees with the allegations and citations listed. River Bend Nursing and Rehabilitation Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review for this plan of correction.</p>	

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

TITLE

(X6) DATE

Christina

Malvern

11/17/2023

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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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 §483.25(b)(1) Pressure ulcers.</p> <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 observation, interview, and record review, the facility failed to provide effective interventions to prevent the development of a stage 2 pressure ulcer on the left great toe for 1 of 3 residents who met the criteria for review of wounds. Due to lack of assessments and not following the plan of care, the resident acquired a pressure ulcer. (Resident G)</p> <p>Finding includes:</p> <p>During an observation of LPN 4 on 11/2/23 at 9:10 A.M., Resident G's dressing was changed. Resident G had a small red area on his left great toe.</p> <p>On 11/2/23 at 9:00 A.M., Resident G's clinical record was reviewed. Diagnoses included, but were not limited to, heart failure, diabetes mellitus type II, and depression.</p> <p>The most recent Quarterly MDS (Minimum Data</p>	F 0686	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·DON/designee completed a full to head-to-toe skin assessment and completed a wound assessment to include measurements. ·Residents G's physician and responsible party notified of wound assessment that was completed by the DON/designee on 11/2/2023. The wound has since resolved. ·Resident G's care plan has been revised to include risk for skin breakdown. <p>How other residents have the potential to be affected by the</p>	12/07/2023

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	<p>Set) Assessment, dated 9/23/23, indicated Resident G was cognitively intact and required extensive assistance of 2 or more persons for bed mobility and toileting.</p> <p>A current Pressure Ulcer Care Plan, revised on 7/17/23, included, but was not limited to, the following intervention:</p> <p>Administer treatments as ordered and observe for effectiveness, initiated 7/17/23</p> <p>A current ADL [activities of daily living] Care Plan, dated 7/17/23, included, but was not limited to the following intervention:</p> <p>Use blue wedge for T&R [turn and reposition] every 2 hours, initiated 7/24/23</p> <p>Resident G's clinical record lacked an order related to wound care on his left great toe.</p> <p>Resident G's clinical record lacked an order to turn and reposition and use of positioning device Resident G every 2 hours.</p> <p>Resident G failed to receive a full head to toe skin assessment on the weekly skin review on the following dates:</p> <p>9/1/23 9/8/23 9/16/23 9/30/23 10/14/23</p> <p>Resident G failed to receive a weekly skin review from 9/30/23 through 10/14/23.</p> <p>On 11/1/23 at 1:45 P.M., RN (Registered Nurse) 5 provided a CNA (Certified Nurse Aide) Assignment Form that indicated the following for Resident G, "Use positioning wedge to turn and reposition on residents side every 2 hours..."</p>		<p>same deficient practice will be identified and what corrective actions will be taken?</p> <ul style="list-style-type: none"> Residents who are at risk for, and that have pressure wounds have the potential to be affected. The DON/designee has reviewed care plans to ensure that residents who are at risk for pressure wounds have care plans in place to prevent wound development and that an updated wound assessment has been documented in the medical record for existing wounds. <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> DON/designee to provide education to licensed nursing associates on the requirement to complete a pressure wound assessment every 7 days until healed, and on the requirement to identify residents at risk for pressure wounds to have interventions implemented within the care plan to prevent pressure wound development. <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> DON/designee to complete 	

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	<p>A review of the last 30 days indicated staff failed to turn and reposition Resident G on the following days and shifts:</p> <p>10/1/23 through 10/7/23-- day shift, evening shift, night shift</p> <p>10/8/23-- night shift</p> <p>10/14/23-- day shift</p> <p>10/15/23-- day shift, evening shift, night shift</p> <p>10/20/23-- evening shift</p> <p>10/23/23-- day shift, evening shift</p> <p>10/24/23-- evening shift, night shift</p> <p>10/26/23-- day shift</p> <p>10/27/23-- night shift</p> <p>10/28/23-- day shift, evening shift</p> <p>10/29/23-- day shift, evening shift</p> <p>10/30/23-- night shift</p> <p>10/31/23-- day shift</p> <p>Resident G's progress notes included, but were not limited to:</p> <p>On 10/22/23 at 10:02 P.M., "Two new areas noted to both great toes at the tip, red nonblanchable areas, NHT [sic] notified, will ask to add resident to podiatry list."</p> <p>On 10/30/23 at 2:02 P.M., the nurse practitioner's progress note indicated,</p> <p>"WOUND ASSESSMENT:</p> <p>Location: left great toe</p> <p>Primary Etiology: Pressure</p> <p>Wound Status: New</p> <p>Odor Post Cleansing: None</p> <p>Stage/Severity: Stage 2</p> <p>Size: 0.3 cm [centimeters] x 0 cm. Calculated area is 0.09 sq [square] cm...</p> <p>The patient has a pressure injury. Recommend ongoing pressure reduction and turning/repositioning precautions per protocol, including pressure reduction to the heels and all</p>			<p>routine auditing to ensure residents at risk for pressure wounds have an assessment completed every 7 days. Auditing to be done on residents with an existing pressure wound weekly x's 30 days, then monthly x's 5 months for a total of 6 months of monitoring. Any findings will be addressed.</p> <p>·DON/designee to complete routine auditing to ensure residents at risk for pressure wounds have a care plan in place with interventions to prevent development. Auditing to occur: 5 care plans weekly x's 30 days, then 5 care plan's monthly x's 5 months for a total of 6 months of monitoring. Any findings will be addressed.</p> <p>·The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter once full compliance has been achieved for a total of 6 months of monitoring.</p> <p>Re-education, frequency and/or duration of reviews will be increased as needed, if areas of noncompliance exist.</p> <p>Compliance Date: December 7, 2023. The Administrator at Riverbend Nursing and Rehabilitation Center is responsible for ensuring compliance of this plan of correction.</p>

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	<p>bony prominence's..."</p> <p>Progress note written by LPN 4 on 11/2/23 at 10:39 A.M., "Resident had treatment to left great toe cleaned and redressed, no s/s [signs or symptoms] of infection noted. Measure 1 x 1.2 cm. Will continue to monitor..."</p> <p>Resident G's clinical record lacked complete assessment of wound(s) and notification of family or physician between 10/22/23 and 10/30/23.</p> <p>During an interview on 11/2/23 at 10:08 A.M., LPN (Licensed Practical Nurse) 4 indicated Resident G's wound on his buttocks was healed and his wound on his toe was a pressure ulcer due to using 2 blankets. She indicated the only interventions put into place to prevent pressure ulcers was to use 1 blanket to cover Resident G. She further indicated that the DON (Director of Nursing) performed the weekly skin assessments and the wound care should be documented in the progress notes.</p> <p>During an interview on 11/2/23 at 10:19 A.M., Resident G indicated that only certain staff members would perform the treatment on his bottom and that certain times the treatment was not completed. He indicated he thought the dressing on his toe had been changed for a couple of weeks and that the plan was to use a wedge and turn him every 2 hours, but they had not been doing that.</p> <p>During an interview on 11/2/23 at 10:38 A.M., the DON indicated weekly skin assessments should be completed by the nurse on the unit and each area of the head to toe weekly assessment should be documented, and an order should have been in place before the treatment was performed. She</p>				

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	<p>further indicated when an order was put into place, it should have been completed and documented as ordered. She was unsure of how many days the wound care was performed on Resident G's toe.</p> <p>During an interview on 11/2/23 at 11:13 A.M., CNA 3 indicated the only interventions put into place to prevent pressure ulcers for Resident G was for cream to be placed on his buttocks and turn and reposition him every 2 hours.</p> <p>A policy on following orders and skin assessment was requested but not provided.</p> <p>This Federal tag relates to Complaint IN00417400.</p> <p>3.1-40(a)(1)</p>				