STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155785	A. BUILDING 00 B. WING	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WEST RIVER HEALTH CAMPUS	714 S EICKHOFF RD EVANSVILLE, IN 47712

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaint IN00459077 and Complaint IN00459530. Complaint IN00459530 - Federal/state deficiencies related to the allegations are cited at F627. Complaint IN00459077- No deficiencies related to the allegations are cited. Survey dates: June 4, 5, 2025 Facility number: 012448 Provider number: 155785 AIM number: 201039500 Census Bed Type: SNF/NF: 16 SNF: 25 Residential: 56 Total: 97 Census Payor Type: Medicare: 13 Medicaid: 20 Other: 8 Total: 41 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 12, 2025.	F 0000	The submission of this plan of correction does not indicate an admission by West River Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of West River Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. Corrections to be completed by **6/24/25.**	
F 0627 SS=D Bldg. 00	483.15(c)(1)(2)(i)(ii)(7)(e)(1)(2);483.2 Inappropriate Discharge Based on interview and record review, the facility	F 0627	1.Resident B was not affected	06/24/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Maddison Cook | Executive Director | 06/23/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	failed to complete the required discharge documentation. Transfer/Discharge documentation was left blank and incomplete. (Resident B) Finding includes: On 6/4/25 at 1:04 p.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, aphasia, dysphagia, oropharyngeal phase. An admission Minimum Data Set (MDS) assessment dated 4/24/25, indicated Resident B's cognition was intact. Resident B admitted to the facility on 4/18/25 and discharged on 5/7/27. Care plans were reviewed and included but were not limited to: Resident plans to return to previous living environment after successful completion of his rehab program, start date 4/24/25, goal target date 7/3/25. Approaches included but were not limited to: Discharge planning upon admission and prn (as needed) thereafter, start date 4/24/25. A Notice of Transfer or Discharge dated 5/7/25, was reviewed. The form included but was not limited to: Reason for Transfer or Discharge (Must select one of the reasons below.) No reason was selected from the menu. The facility had written on the form " Resident Request". A physicians order was reviewed with a received date of 5/6/25, start date 5/7/25. The order description indicated - Ok to discharge. The		by the alleged deficient practice. 2.All residents have the potential to be affected by the alleged deficiency. Licensed nursing personnel educated on Notice of Transfer/Discharge requirements. 3.As a measure of ongoing compliance, the DHS or designee will complete random audits of resident records regarding discharges to ensure appropriate Notice of Transfer/Discharge paperwork completed thoroughly. Audit will consist of 5 residents weekly for 1 month, then 5 residents every other week for 2 months, then 5 residents monthly for 3 months. 4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.	

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	discharge reason indicated- Discharged. A documentation provided by the facility dated 5/6/25 nurse triage call center, included but was not limited to: Reason for Disposition - orders to transfer received Affirmative: MD order Disposition of Nursing Home Care Advice suggested. Note: Ok to discharge - please be sure they send records Visit diagnoses- none Anticipated discharge date: 5/7/2025 Anticipated discharge to : [name of nursing home facility] The clinical record did not contain other information by the physician related to Resident B's discharge. On 6/4/25 at 12:38 p.m., the Clinical Support Nurse indicated the reason on the Transfer or Discharge form was not selected due to none of the reasons listed seemed to fit, so one was written in. On 6/4/25 at 12:59 p.m., the Clinical Support Nurse provided the current policy for transfer and discharge with a revision date of 5/3/17. The policy included but was not limited to:...b. Record the reasons for, the effective date of transfer or discharge, and the location to which the resident is being transferred in the medical record and on a discharge form or a letter. Give a copy of the discharge notice to the resident and his/her family legal representative... g. The physician should document medical reasons for transfer or discharge in the medical record when the reason for transfer is for any reason other than nonpayment of the stay or the facility ceasing to operate. A copy of the physicians's order for			

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	discharge should be attached to the discharge notice... This citation relates to Complaint IN00459530. 3.1-36(a)(2)			