PRINTED: 07/02/2025 FORM APPROVED OMB NO. 0938-039

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING 00  B. WING			COMPLETED 06/11/2025		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD HARLESTOWN PIKE		
RIVERBE	END				RSONVILLE, IN 47130		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		DI	ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE	
R 0000							
Bldg. 00	This visit was for the Investigation of Complaint IN00460885.  Complaint IN00460885 - State deficiencies related to the allegations are cited at R0243 and R0297.		R 000	00			
	Survey dates: June						
	Facility number: 010885						
	Residential Census: 80						
	These State Residential Findings are cited in accordance with 410 IAC 16.2-5.						
Quality review completed on June 13, 2025.		npleted on June 13, 2025.					
R 0243 Bldg. 00	410 IAC 16.2-5-4(e)(3) Health Services - Deficiency						
	Based on interview and record review, the facility failed to ensure a resident's (Resident E) medication administration record reflected the Health Services for 1 of 3 residents reviewed for medication administration.  Findings include:  The clinical record for Resident E was reviewed on 6/10/25 at 4:22 p.m. The resident's diagnoses included, but were not limited to, insomnia, depression and dementia.  The physician's order, dated 5/20/25, indicated the resident was to receive Trazodone (medication for insomnia) 50 mg (milligrams) at 8:00 p.m.		R 024	3	1 The Community reviewed Resident E's active medication orders to confirm that Resider E's medication administration record (MAR) is correct. Reside E is now receiving all prescrib medication. The Community informed Resident E's physici regarding the missed medicate doses.  2. The Community reviewed expresident's record to determine which residents, if any, could affected by the alleged deficie practice.  3 The Wellness Director (Will in-service all QMAs and	n dent ed an ion ach be	06/27/2025

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

TITLE (X6) DATE

Ricki Elston Executive Director 06/25/2025

Any defiency statement 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 disclodays 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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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY  COMPLETED  06/11/2025			
NAME OF PROVIDER OR SUPPLIER RIVERBEND			STREET ADDRESS, CITY, STATE, ZIP COD 2715 CHARLESTOWN PIKE JEFFERSONVILLE, IN 47130					
	SUMMARY: (EACH DEFICIEN REGULATORY OR The June 2025 med lacked documentatiresident's Trazodon The physician's orderesident was to recee (hydrochloride) 10 8:00 a.m. and 8:00 p. The June 2025 med lacked documentatiresident's Donepezit The physician's orderesident was to recee used for depression a.m. and 8:00 p.m. The June 2025 med lacked documentatiresident was to recee used for depression a.m. and 8:00 p.m. The June 2025 med lacked documentatiresident's Quetiapin During an interview Licensed Practical Medication was administration reconsidered. On 6/11/25 at 1:12 provided a copy of "Community Team Medication Assistant but was not limited space on the Reside Administration Received (also Community Team (also Commu	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION ication administration record on of the administration of the e on 6/8/25 at 8:00 p.m.  er, dated 5/2/25, indicated the rive Donepezil HCl mg twice daily for dementia at p.m.  ication administration record on of the administration of the 1 on 6/8/25 at 8:00 p.m.  er, dated 6/3/25, indicated the rive Quetiapine (medication ) 12.5 mg twice daily at 8:00  ication administration record on of the administration of the ne on 6/8/25 at 8:00 p.m.  v, on 6/11/25 at 11:15 a.m., Nurse (LPN) 5 indicated after a ministered, the medication at on the medication rd to show the medication was  p.m., the Executive Director the document titled Members Procedures For nee" dated 8/17. It included, to, "Initial in the appropriate			DATE  ion and cice  or d sed ealth s, s, s,			
	the MAR)"  This Citation relates	s to Complaint IN00460885						

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PRINTED: 07/02/2025 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY  COMPLETED  06/11/2025	
NAME OF F	PROVIDER OR SUPPLIER			2715 C	ADDRESS, CITY, STATE, ZIP COD HARLESTOWN PIKE RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	IATE	(X5) COMPLETION DATE
R 0297 Bldg. 00	Based on interview failed to ensure a remedications were a residents reviewed in Findings include:  The clinical record on 6/10/25 at 3:10 princluded, but were numbered in the physician's orderesident was to have (milligram) transder on Wednesday.  Review of the April administration record not receive the Estranot available.  The clinical record physician and pharm unavailability of the transdermal patch.  During an interview Executive Director responsible to ensure were available.  On 6/11/25 at 1:05 provided a portion of policy, requested or dated 8/17. It included	and record review, the facility sident's (Resident B) vailable to administer for 1 of 3 for pharmacy services.  for Resident B was reviewed o.m. The resident's diagnoses not limited to, dementia and xual dysfunction.  er, dated 3/18/25, indicated the e an Estradiol 0.1 mg rmal patch topically every week	R 02	297	1. The Community reviewed Resident B's active medication orders to confirm that Reside E's MAR is correct. Resident now receiving all prescribed medication. The Community informed Resident B's physic regarding the missed medication doses.  2. The Community reviewed resident's record to determine which residents, if any, could affected by the alleged deficipractice. The WD will complet 1-on-1 in-service/coachable moments with each QMA/Nu for the unavailable medication process. This will be complet 6/27/25.  3. To ensure the deficient practices do not recur, the W designee is to audit the Unavailable Medications note under Unavailable Medication in August Health (EMAR systially x1 week, then 3 times at week x 4 weeks, then 2 times week x 4 weeks, then weekly weeks, then monthly for 1 mc.  4. Systemic changes will be completed by 6/27/25.	ent B is sian tion each e be ent ete rse n ed by D or ed ns Tab tem)	06/27/2025

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

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	T OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED				
			B. WING 06/11/2025						
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2715 CHARLESTOWN PIKE						
RIVERBEND			J	JEFFER	FERSONVILLE, IN 47130				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		]	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	JLL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF THE A			COMPLETION			
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	Т	ΓAG	DEFICIENCY)		DATE		
	as scheduled, follow up should be made every								
	shift by phone call to the pharmacy to find								
	status"								
	This Citation related	s to Complaint IN00460885							

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