

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

PRINTED: 08/29/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/03/2023	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 Investigation of Complaints IN00414027, IN00413426 and IN00413895. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00414027 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413426 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413895 - Federal/State deficiencies related to the allegations are cited at F584.</p> <p>Survey dates: August 2 and 3, 2023</p> <p>Facility number: 000044 Provider number: 155106 AIM number: 100274940</p> <p>Census Bed Type: SNF/NF: 126 Total: 126</p> <p>Census Payor Type: Medicare: 6 Medicaid: 84 Other: 36 Total: 126</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 9, 2023.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after Monday, August 28, 2023.</p>		
F 0584 SS=D	483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike						

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

TITLE

(X6) DATE

David E. Pruet

Executive Director

08/25/2023

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 30 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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Bldg. 00	<p>Environment</p> <p>§483.10(i) Safe Environment.</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>						

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	<p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview, and record review, the facility failed to ensure shower rooms were properly cleaned. This deficient practice had the potential to affect 19 of 19 residents who had the potential to receive care in the shower room.</p> <p>Findings include:</p> <p>During an observation of the "H Hall" shower room, on 8/2/23 at 1:40 p.m., accompanied by the Administrator and Maintenance Director, the following concerns were observed:</p> <ul style="list-style-type: none"> <li>a. A strong malodorous smell.</li> <li>b. Dried brown material on the floor and around the drain. This material was the source of the odor. The shower floors and walls were dry, indicating the shower room had not been used recently.</li> <li>c. Missing and broken tiles on the floor and near the drain.</li> <li>d. Dark black substance in the grout between tiles.</li> </ul> <p>During an interview at the time of the observation, the Administrator indicated the shower had not been cleaned and it would be addressed immediately. The broken and damaged tiles would also be addressed. The shower room should not have been left in that condition.</p> <p>This Federal Tag relates to complaint IN00413895.</p> <p>3.1-19(f)(5)</p>			F 0584	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>The alleged deficient practice had the potential to affect 19 of 19 residents who had the potential to receive care in the shower room. The Community thoroughly cleaned the shower room removing the odor from the shower room. In addition, the dried brown material on the floor around the floor drain was cleaned and removed as well.</p> <p>The missing and broken tiles were replaced on the floor and by the floor drain.</p> <p>The dark black substance was cleaned and removed from the tile grout.</p> <p><b>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:</b></p> <p>The alleged deficient practice has the potential to affect the other residents in the community therefore, the Community thoroughly cleaned the other shower rooms located in the Community making sure to remove odors, remove any dried</p>		08/28/2023

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			<p>brown material around the floor drain. Missing and broken tiles were addressed in the other shower rooms and the dark substances were removed if present from the tile grout.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</b> Staff will be educated that the shower rooms must be free from odors, that any dried brown material around the floor drains must be removed, missing and broken tiles must have a work order for appropriate replacement, and dark substances around tile grout must be cleaned and removed. The Executive Director completed the education of the Housekeeping Staff on August 25, 2023.</p> <p><b>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:</b> The Community has initiated a Shower Room QAPI Tool. The Shower Room QAPI Tool inspects the shower rooms for being free from odors, that any dried brown material around floor drains are</p>		

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					<p>removed, missing and broken tiles have work orders for appropriate replacement, and dark substances around the tile grout are cleaned and removed.</p> <p>The Shower Room QAPI Tool will be completed Monday thru Friday x 4 weeks, then weekly x 4 weeks, then monthly x 4 months with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>The Director of Housekeeping/Director of Maintenance/and or designee are responsible for the completion of the Shower Room QAPI Tool.</p>		