PRINTED: 08/29/2023
FORM APPROVED

CENTERS FO.	R MEDICARE & MEDIC	CAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING	COMPLETED		
		155106	B. WING	08/03/2023	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		STREET A 295 WE NOBLE ID PREFIX	(X5)		
PREFIX	•			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCT	DATE
F 0000 Bldg. 00	This visit was for It IN00414027, IN00 visit included a CO Control Survey. Complaint IN00414 the allegations are of Complaint IN00415 the allegations are of Complaint IN00415 the allegations are of Complaint IN00415 related to the allegations are of Complaint IN00415 related t	nvestigation of Complaints 413426 and IN00413895. This DVID-19 Focused Infection 4027 - No deficiencies related to cited. 3426 - No deficiencies related to cited. 3895 - Federal/State deficiencies ations are cited at F584. gust 2 and 3, 2023 00044 155106 274940	F 0000	The creation and submission this plan of correction does not constitute an admission by thi provider of any conclusion set in the statement of deficiencie of any violation of regulation. This provider respectfully requitate the 2567 Plan of Correctibe considered the letter of creallegation and requests a des review in lieu of a Post Compl Survey Revisit on or after Mor August 28, 2023.	of ot s t forth es, or uests on edible k aint
	Quality review con	npleted August 9, 2023.			
F 0584 SS=D	483.10(i)(1)-(7) Safe/Clean/Comf	ortable/Homelike			

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

TITLE (X6) DATE

David E. Pruett Executive Director 08/25/2023

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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IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
OF CORRECTION	IDENTIFICATION NUMBER	a. building <u>00</u>		00	COMPLETED		
155106		B. WING			08/03/	2023	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060				
SUMMARY STATEMENT OF DEFICIENCIE		ID			(X5)		
		PREFI	X	(EACH CORRECTIVE ACTION SHOULD BE	BE C	COMPLETION	
REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	TAG	DEFICIENCY)	DATE	DATE	
Environment §483.10(i) Safe En The resident has a comfortable and hincluding but not litreatment and sup The facility must p §483.10(i)(1) A sa homelike environment ouse his or her pextent possible. (i) This includes encan receive care at the physical layour resident independing safety risk. (ii) The facility shafor the protection of from loss or theft. §483.10(i)(2) House services necessar orderly, and comform safety risk. §483.10(i)(3) Clear are in good conditions of the protection of safety risk. §483.10(i)(3) Clear are in good conditions of the protection of safety and comformations of the protection of safety.	nvironment. a right to a safe, clean, omelike environment, mited to receiving oports for daily living safely. Provide- fe, clean, comfortable, and ment, allowing the resident personal belongings to the ensuring that the resident and services safely and that to f the facility maximizes ence and does not pose a sell exercise reasonable care of the resident's property sekeeping and maintenance by to maintain a sanitary, ortable interior; an bed and bath linens that ion; ate closet space in each specified in §483.90 (e)(2) quate and comfortable areas; afortable and safe serioritially certified			CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE		
temperature range of 71 to 81°F; and							
	PROVIDER OR SUPPLIER ALK VILLAGE SUMMARY: (EACH DEFICIEN REGULATORY OR Environment §483.10(i) Safe Enteresident has a comfortable and hincluding but not literatment and supplier supplier in the facility must possible. (i) The facility must possible. (i) This includes encan receive care at the physical layour resident independing safety risk. (ii) The facility shafor the protection of from loss or theft. §483.10(i)(2) House services necessar orderly, and comform some supplier in good conditions of the protection of from loss or theft. §483.10(i)(3) Clear are in good conditions of the protection of from loss or theft. §483.10(i)(3) Clear are in good conditions of the protection of from loss or the protect	IDENTIFICATION NUMBER 155106 ROVIDER OR SUPPLIER ALK VILLAGE SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Environment §483.10(i) Safe Environment. 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. The facility must provide- §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. (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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv); §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a	DENTIFICATION NUMBER 155106 ROVIDER OR SUPPLIER ALK VILLAGE SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Environment \$483.10(i) Safe Environment. 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. The facility must provide- \$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. (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. 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	FOF HEALTH AND HUN R MEDICARE & MEDIC						RM APPROVED B NO. 0938-039
AND PLAN OF CORRECTION IDE		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 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	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	§483.10(i)(7) For the comfortable sound Based on observation review, the facility were properly clean the potential to affer the potential to receive. Findings include: During an observation room, on 8/2/23 at 1 Administrator and 1 following concerns a. A strong malodo b. Dried brown mathe drain. This mathe drain. This mathe drain indicating the shown recently. c. Missing and brown the drain. d. Dark black substitiles. During an interview the Administrator in been cleaned and it immediately. The bester in the sound	on, interview, and record failed to ensure shower rooms ed. This deficient practice had ct 19 of 19 residents who had give care in the shower room. It is deficient practice had ct 19 of 19 residents who had give care in the shower room. It is not of the "H Hall" shower lead to p.m., accompanied by the Maintenance Director, the were observed: It is not the floor and around erial was the source of the loors and walls were dry, er room had not been used the sentiles on the floor and near thance in the grout between the time of the observation, adicated the shower had not would be addressed broken and damaged tiles would The shower room should not	F 0:		What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The alleged deficient practice the potential to affect 19 of 19 residents who had the potential receive care in the shower room The Community thoroughly cleaned the shower room remet the odor from the shower room addition, the dried brown mater on the floor around the floor dried was cleaned and removed as well. The missing and broken tiles were placed on the floor and by the floor drain. The dark black substance was cleaned and removed from the grout. How other residents having the potential to be affected by the same deficient practice were be identified and what corrective action(s) will be taken: The alleged deficient practice.	had al to m. oving n. In rain vere ne setile	08/28/2023
	This Federal Tag re	lates to complaint IN00413895.			the potential to affect the other residents in the community		

3.1-19(f)(5)

therefore, the Community thoroughly cleaned the other shower rooms located in the Community making sure to remove odors, remove any dried

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	PROVIDER OR SUPPLIEI ALK VILLAGE	R	295 W	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD ESVILLE, IN 46060	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
				brown material around the flood drain. Missing and broken tiles were addressed in the other shower rooms and the dark substances were removed if present from the tile grout.	
				What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur: Staff will be educated that the shower rooms must be free froodors, that any dried brown material around the floor drain must be removed, missing and broken tiles must have a work order for appropriate replacem and dark substances around ti grout must be cleaned and removed. The Executive Director complet the education of the Housekee Staff on August 25, 2023.	om s d nent, le
				How the corrective action(s) will be monitored to ensure to deficient practice will not recur, i.e., what quality assurance program will be point place: The Community has initiated a Shower Room QAPI Tool. The Shower Room QAPI Tool insput the shower rooms for being free from odors, that any dried brow	ut e ects

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Facility ID: 000044

material around floor drains are

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155106	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPL 08/03/	ETED	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
				removed, missing and broken have work orders for appropria replacement, and dark substate around the tile grout are clean and removed. The Shower Room QAPI Tool be completed Monday thru Frix 4 weeks, then weekly x 4 weeks, then monthly x 4 mont with results reported to the Quantum Assurance and Performance Improvement Committee over by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliant The Director of Housekeeping/Director of Maintenance/and or designee responsible for the completion the Shower Room QAPI Tool.	ate nces ed will day hs uality seen e		

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