

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

PRINTED: 05/03/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/16/2024	
NAME OF PROVIDER OR SUPPLIER RIVERBEND				STREET ADDRESS, CITY, STATE, ZIP COD 2715 CHARLESTOWN PIKE JEFFERSONVILLE, IN 47130			
(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
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: April 15 and 16, 2024 Facility number: 010885 Residential Census: 90 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on April 17, 2024.			R 0000	This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Riverbend as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.		
R 0144	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency						

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

TITLE

(X6) DATE

Melusine McDaniel

Operations Specialist

05/01/2024

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>(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure the facility kitchens were maintained in a sanitary manner for 2 of 2 food preparation areas observed. This deficient practice had the potential to affect all 90 residents currently residing at the facility. (Main Kitchen and Dementia Unit Kitchen)</p> <p>Findings include:</p> <p>1. During the initial tour of the main kitchen on 4/15/24 at 9:27 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> - The front of the stove had black and brown substances running down the front of the right oven door and handle. - The stove's metal back guard had a brown scorch mark above the left burner. - There was food debris and grease buildup on the foil liners, in the three front drip trays. Another tray was unable to be opened. - The oven door on the right side of the oven didn't close fully. The cook indicated the left oven was not working. - There was blackened grease built up on and around the burners. - There was a buildup of white powdery dust and 2 pieces of plastic on the vent to the front of the ice machine. - A build up of black grease was observed on the inside right corner of the oven door. - Food debris, a water bottle, and paper napkins were observed under the dishwashing sink area, under the freezers, under the refrigerators, and on the floor under the dry goods shelves. <p>The Dietary Manager indicated staff came into the</p>			R 0144	<p>1 The front of the stove of the main kitchen and the front of the right oven door and handle have been cleaned. The stove's metal back guard has been cleaned. The foil liners in the three front drip trays can open and have been cleaned. The spring to the oven door on the right side of the oven has been replaced and fully closes. The burners have been cleaned. The vents on the ice machine have been cleaned. The right corner of the oven door has been cleaned. Under the dishwashing sink area, under the freezers, under the refrigerators, and on the floor under the dry goods shelves have all been cleaned. For the Dementia Unit kitchen, the drip trays and foil lining have been cleaned. The pan on the bottom of the left oven has been cleaned and added to the weekly cleaning schedule.</p> <p>2 The Community reviewed each resident's record to determine which residents, if any, could have been affected by the alleged deficient practice.</p> <p>3 Cleaning schedules have been updated and implemented in both kitchens. The Dining Services Director educated all dining</p>		05/10/2024

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	<p>facility on Mondays to deep clean the kitchen. When she arrived for her shift, she observed the kitchen needing to be cleaned.</p> <p>During a second tour of the main kitchen on 4/16/24 at 8:15 a.m., the same concerns from the previous day were observed. The small side drip tray on the right side of the stove was able to be pulled out and was half full of food debris.</p> <p>The cleaning schedule indicated the following was initialed by staff as completed between 4/8/24 and 4/15/24:</p> <ul style="list-style-type: none"> - Range (clean shelves above the stove, range grates, and all surfaces). - Oven (Check to remove crumbs, spills). - Mop Floors/Utilize the wet floor signs. - Ice Machine (Wipe the exterior and gaskets)/Ensure the ice machine is free of mold. - Refrigerator (Clean interior floor and exterior, including food debris; clean up spills as they occur). - Storage Area/Pantry (Organized and Neat; Floors. Items off of floor). <p>During an interview on 4/16/24 at 9:21 a.m., the Dietary Manager indicated the small drip tray of the stove wouldn't open, but when she pulled on the tray, it opened. She indicated the build up of grease on the burners and oven wouldn't come off. The floor couldn't be mopped, because of the cracks in the tile and lack of grout in areas. It had been this way for a month and a half. If she mopped the floor, it would just introduce bacteria. The oven in the Dementia Unit wasn't old and that the pan in the bottom of the oven was for drippings. She indicated she would clean out the drip pans.</p> <p>2. During the initial tour of the Dementia Unit</p>				<p>services team members on the cleaning schedule and kitchen sanitation requirements.</p> <p>4. The Executive Director or designee will complete kitchen sanitation audits weekly for two months, then every other week for an additional two months, then monthly for an additional two months to ensure cleaning schedules are completed and kitchen sanitation meet all requirements.</p>		

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	kitchen on 4/15/24 at 10:27 a.m., the following concerns were observed: - The drip trays of the stove had a build up of grease and food debris on the foil lining in the trays. The build up made it hard to pull out the trays. - The bottom of the left oven had a pan, which had a thick layer of a blackened substance that was baked on and cracked. The Sanitation Overview policy, dated 7/1/22, included, but was not limited to, "Kitchen Sanitation... 1. Food preparation and serving areas must be cleaned on a regular basis... 5. A monthly cleaning schedule for deep cleaning should be maintained and followed. All items on the cleaning schedule must be completed as scheduled and checked off..."						