

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

PRINTED: 02/22/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155695		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2024	
NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 1400 W FRANKLIN ST ELKHART, IN 46516			
(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	<p>This visit was for the Investigation of Complaint IN00424179.</p> <p>Complaint IN00424179 - Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: January 29 & 30, 2024</p> <p>Facility number: 003075 Provider number: 155695 AIM number: 200364160</p> <p>Census Bed Type: SNF/NF: 84 Total: 84</p> <p>Census Payor Type: Medicare: 3 Medicaid: 60 Other: 21 Total: 84</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/1/24.</p>			F 0000	REQUESTING DESK REVIEW		
F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure residents' environment was safe, functional, sanitary, and comfortable, related to restroom flooring not intact</p>			F 0921	<u>F 921 – Safe Functional Sanitary Environment</u> What Corrective action(s) will be accomplished for those		02/29/2024

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

TITLE

(X6) DATE

Tarshia Taylor

Executive Director

02/16/2024

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 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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	<p>in 1 of 3 rooms observed. (Room 404)</p> <p>Findings include:</p> <p>On 1/29/24 at 2:42 P.M., an observation of the bathroom in Room 404 was conducted. The bathroom floor was missing parts of the vinyl flooring, located on both the sides of the toilet and in front of the toilet.</p> <p>On 1/29/24 at 3:27 P.M., an observation of Room 404's bathroom flooring was conducted with the Maintenance Director. He indicated the floor should not be in that condition and it looked bad. He indicated he was unaware of the flooring and indicated it was "not good". He was "filling in" for the facility and was unaware of the floors condition. He would check to see if there had been a work order for it's repair.</p> <p>During an interview, on 1/29/24 at 3:32 P.M., one resident in Room 404 indicated she used the bathroom daily, and the floor had been messed up "for a long time, maybe since fall." She was then observed going into the restroom and shutting the door.</p> <p>During an interview, on 1/29/24 at 3:36 P.M., CNA 1 indicated she started working at the facility in October, and the floor was broken and missing pieces around the toilet back then.</p> <p>During an interview, on 1/29/24 at 3:42 P.M., the Housekeeping Manager indicated her staff reported the broken flooring, and the last two Maintenance Directors were supposed to have it replaced. She indicated there had been a plumbing problem and they had to have the pipes cleared out in Room 404.</p>				<p>residents found to have been affected by the deficient practice:</p> <p>It is the practice of the facility to ensure a safe, functional, sanitary, and comfortable environment. Facility repairs have been initiated per plan. Room 404 restroom flooring to be repaired and insure it's intact.</p> <p>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:</p> <p>All residents have the potential to be impacted by this deficient practice. A facility audit will be completed by Maintenance Director/designee to ensure all resident restroom flooring is intact.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Maintenance Director/designee will complete a facility wide audit to ensure safe, functional, sanitary, and comfortable environment. All staff to be in serviced on completion of Work Orders when repairs needed on or before 02/29/24. ED/Designee will monitor to ensure work orders are completed. ED/Designee will round each day to ensure rooms are clean and in good repair.</p> <p>How the corrective action(s) will be monitored to ensure the</p>		

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	<p>On 1/29/24 at 3:50 P.M., the Maintenance Director indicated he had not found a work order from the previous Maintenance Director.</p> <p>On 1/30/24 at 9:57 A.M., the Administrator provided a current policy, titled, "Maintenance Work Order", dated 10/2002, with revision on 4/2018. The policy indicated " ...Our Community provides routine maintenance for tenants and is responsible for the overall management of the physical plant. Work orders for maintenance needs shall be used to maintain effective communication and tracking ...Maintenance Director will update the General Manager during each morning meeting on the status of open work orders. Maintenance Director is responsible to keep person requesting maintenance and the General Manager updated regularly on the progress being made until each work order has been completed"</p> <p>This citation relates to Complaint IN00424179.</p> <p>3.1-19(e)</p>				<p>deficient practice will not recur, i.e., what quality assurance program will be put into place: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The ED/designee will be responsible for completing the QAPI Audit tool "Quality control environmental checklist" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up</p> <p>By what date the systemic changes will be completed: Compliance Date: 02/29/24</p>		