

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

PRINTED: 01/26/2023

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 12/30/2022	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00398173 and IN00397850.</p> <p>Complaint IN00398173 - Substantiated. Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Complaint IN00397850 - Substantiated. Federal/State deficiencies related to the allegations are cited at F658.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: December 30, 2022</p> <p>Facility number: 000044 Provider number: 155106 AIM number: 100274940</p> <p>Census Bed Type: SNF/NF: 115 Total: 115</p> <p>Census Payor Type: Medicare: 10 Medicaid: 69 Other: 36 Total: 115</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 3, 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 on or after January 27, 2023.</p>		
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of						

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

TITLE

(X6) DATE

David E. Pruet

Executive Director

01/21/2023

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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	<p>abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure allegations of abuse were reported to the appropriate State agency in a timely manner for 1 of 3 residents reviewed for abuse (Resident B).</p> <p>Findings include:</p> <p>Review of a State reportable made by the resident's hospice provider, dated 12/29/2022,</p>			F 0609	<p>p="" role="heading" aria-level="1" paraid="1248549925" paraeid="{08f08b5c-f60f-4ca8-867a-f8512d477336}{233}">F609 Reporting of Alleged Violations What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer</p>		01/27/2023

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	<p>indicated Resident B verbalized an allegation of staff physical and verbal abuse to her hospice provider on 12/26/2022. The hospice provider reported the allegation to the facility on 12/26/2022 at approximately 7:35 p.m.</p> <p>Review of the facility self reportable to the State Agency indicated the report was dated 12/29/2022 at 4:02 p.m., over 24 hours after the allegation was brought to the attention of the facility.</p> <p>Review of a hospice progress note, dated 12/26/2022 at 11:09 p.m., indicated the hospice Administrator spoke with the facility Administrator on 12/26/2022 at 9:30 p.m. about the allegation of abuse.</p> <p>During an interview, on 12/30/2022 at 12:24 p.m., the Executive Director (ED) indicated the facility became aware of the allegation on 12/26/2022. The ED was out of state at the time and attempted to send a report, per regulation, on the reporting system. The ED received an error message and sent the report, via email, to the Indiana Department of Health Long Term Care Division Director on 12/27/2022 at 12:30 a.m. The ED did not direct anyone in the facility to send the reportable in through the regulatory channels while they were out of state. The ED indicated the facility investigation was still open and had not been completed.</p> <p>Review of the instructions for reporting abuse allegations, retrieved from https://www.in.gov/health/long-term-care/nursing-homes/incident-reporting-by-long-term-care-facilities, indicated the following steps if the system was not operational:</p> <p>"1. Complete the Incident Reporting Form and</p>				<p>resides at facility At the time of allegation ED attempted to access Gateway to report and got an error message at which time ED sent an email to ISDH to notify them of the allegation and Gateway issue.</p> <p>Investigation was completed and unsubstantiated</p> <p>ED reviewed process of reporting allegations when Gateway is not operational ED/Designee will conduct an Inservice with all staff related to Abuse reporting How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice</p> <p>ED reviewed process of reporting allegations when Gateway is not operational ED/Designee will conduct an Inservice with all staff related to Abuse reporting What measures will be put into place or what systemic changes made to ensure that the deficient practice does not recur? ED reviewed process of reporting allegations when Gateway is not operational ED/Designee will conduct an Inservice with all staff related to Abuse reporting</p> <p>paraid="612519201" paraeid="{b77055a2-6e73-4d28-af9</p>		

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F 0658 SS=D Bldg. 00	<p>email it to incidents@isdh.in.gov.</p> <p>2. Within 24 hours of Gateway being accessible, report the incident through the incident reporting system. Please attach the incident report form to the incident in Gateway.</p> <p>3. Reporting an incident via voicemail is available ONLY when the Incident Reporting System and email are not functioning:...."</p> <p>This Federal tag relates to complaint IN00398173.</p> <p>3.1-28(c)</p> <p>483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure direct observation of a resident who did not self-administer during medication administration during a random observation (Resident E).</p> <p>Findings include:</p> <p>During an interview with Resident E, on 12/30/22 at 11:14 a.m., there were two medication cups sitting on the resident's overbed table, one with two pills in it and the other with a red liquid in it.</p>			F 0658	<p>e-b12fa8e234fe}{84}"> 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? Abuse Prohibition and Investigation QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director If a threshold of 100% is not achieved, an action plan will be developed to ensure compliance</p> <p>p role="heading" aria-level="1" paraid="215031129" paraeid="{b77055a2-6e73-4d28-af9e-b12fa8e234fe}{120}" >F658 Services provided meet professional standards</p> <p>What corrective action(s) will be accomplished for those residents</p>		01/27/2023

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	<p>Resident E indicated the red liquid was protein and she didn't realize there were two pills left in the other medication cup.</p> <p>During an interview with RN 15, on 12/30/22 at 11:20 a.m., she indicated that Resident E normally took her medications right away when they were given to her. She was not working Resident E's hall, and LPN 13 was on break, but they would go in and check on Resident E. RN 15 exited Resident E's room and indicated the resident had taken her medications.</p> <p>During an interview with LPN 13, on 12/30/22 at 1:08 p.m., she indicated she had given Resident E nine pills. She didn't realize she hadn't taken all of them.</p> <p>A Skills Validation form titled, "Medication Pass Procedure, " provided by the Corporate Consultant, on 12/30/22 at 12:47 p.m., indicated the following: "Procedure steps...7. Observed taking medications - not left at bedside...."</p> <p>This Federal tag relates to complaint IN00397850.</p> <p>3.1-35(g)(1)</p>				<p>found to have been affected by the deficient practice?¿</p> <p>Medications were removed from Resident E's bedside.</p> <p>ul class="BulletListStyle1 SCXW18897910 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" Resident E received all scheduled medications.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?¿</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>ul class="BulletListStyle1 SCXW18897910 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p>		

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			<p>Licensed nurses and QMAs educated on Medication Pass Procedure</p> <p>All residents were reviewed to ensure medications were not left at bedside for residents who are not approved to self-medicate</p> <p>¿</p> <p>What measures will be put into place or what systemic changes make to ensure that the deficient practice does not recur?¿</p> <p>Licensed nurses and QMAs educated on Medication Pass Procedure</p> <p>ul class="BulletListStyle1 SCXW18897910 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>A daily rounding tool including medication left at bedside to be utilized by DNS/Designee</p> <p>How be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?¿</p>		

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F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and</p>				<p>ul class="BulletListStyle1 SCXW18897910 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" The daily rounding tool will be utilized by DNS/designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		

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	<p>Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure infection control protocols were followed during a random medication administration.</p> <p>Findings include:</p> <p>During a random observation, on 12/30/2022 at 10:55 a.m., QMA (Qualified Medication Assistant) 1 was observed preparing medications for Resident B. QMA 1 removed a 10 mg oxycodone (Opioid) tablet from the medication card and allowed the tablet to roll off her hand and into the medication cup. The QMA indicated she had washed her hands, but would discard the tablet. The tablet was placed in a medicine cup on top of the medication cart. The QMA continued with the medication pass and left the oxycodone unattended on top of the medication cart.</p> <p>Review of the clinical record indicated Resident B had an order for Oxycodone 10 mg three times daily. The order was dated 11/29/2022.</p>			F 0761	<p>p role="heading" aria-level="1" paraid="2090830738" paraeid="{d07fda2f-72c0-442e-99a3-d68fba69332}{34}" >F761 (D) med storage</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Medication was destroyed</p> <p>ul class="BulletListStyle1 SCXW90429221 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" Resident B received all scheduled</p>		01/27/2023

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	<p>During an interview on 12/30/2022 at 11:09 a.m., the Unit Manager indicated the medication should not be left on top of the medication cart unattended and assisted the QMA in the destruction of the Oxycodone.</p> <p>Review of a procedure, dated 12/2016, titled "Medication Pass Procedure" and provided on 12/30/2022 at 12:47 p.m. by the Corporate Consultant, indicated the following:</p> <p>" Procedure steps:</p> <ol style="list-style-type: none"> 1. Medication administration within 60 minutes before and/or after time ordered. ... 3. Medications opened without contaminating. ... 17. Wasted or dropped medication destroyed properly and documented per policy. ..." <p>3.1-25(n)</p>				<p>medication</p> <p>All licensed nurses and QMA's educated on Medication Pass Procedure and the Medication Destruction Policy ¿</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice</p> <p>·All licensed nurses and QMA's educated on Medication Pass Procedure and the Medication Destruction Policy ¿</p> <p>p paraid="1364389925" paraeid="{d07fda2f-72c0-442e-99a3-d68fba69332}{99}" >What measures will be put into place or what systemic changes make to ensure that the deficient practice does not recur?</p> <p>All licensed nurses and QMA's educated on Medication Pass Procedure and the Medication Destruction Policy ¿</p> <p>·A daily rounding tool including</p>		

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			<p>medication pass procedure, storage, destruction, to be utilized by DNS/Designee.</p> <p>How be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>ul class="BulletListStyle1 SCXW90429221 BCX0" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" Daily rounding tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		