

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

PRINTED: 03/28/2025

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 03/06/2025	
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 Complaints IN00451315 and IN00453560.</p> <p>Complaint IN00451315 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453560 - Federal/State deficiencies related to the allegations are cited at F622</p> <p>Survey dates: March 5 and 6, 2025</p> <p>Facility number: 003075 Provider number: 155695 AIM number: 200364160</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 0 Medicaid: 44 Other: 26 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 3/9/2025</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. Due to the relative low scope and severity of the survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</p>		
F 0622 SS=E Bldg. 00	<p>483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements</p> <p>Based on interview and record review, the facility failed to ensure discharge documentation was obtained and/or complete upon discharge for 5 of 6 residents reviewed for transfer/discharge.</p>			F 0622	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p>		04/05/2025

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

TITLE

(X6) DATE

Doug Lynch

HFA

03/21/2025

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>(Residents F, H, J, K and L)</p> <p>Finding include:</p> <p>1. The record for Resident F was reviewed on 3/5/2025 at 10:48 A.M. Diagnoses included, but were not limited to low back pain, Cerebral palsy, obesity and contracture to the right upper arm.</p> <p>A Social Service Progress Note, dated 2/11/2025 at 10:20 A.M., indicated the following: "Discharge to preferred address. Resident was alert and oriented. All personal possessions sent with the resident."</p> <p>Resident F's physician orders lacked an order to discharge the resident.</p> <p>During an interview, on 3/6/2025 at 9:56 A.M., the Regional Director of Clinical Services (RDCS) indicated there should have been a physician's order to discharge the resident home.</p> <p>2. The record for Resident H was reviewed on 3/5/2025 at 2:34 P.M. Diagnoses included, but were not limited to anemia, diabetes, and cellulitis of the lower left leg.</p> <p>A Nurse's Progress Note dated 9/26/2025, indicated Resident H had been discharged home with their belongings along with "discharge papers."</p> <p>There was no physician order to discharge Resident H to their home.</p> <p>A Transfer of Care/Discharge Summary, dated 9/26/2025, located in the Clinical Discharge and Narrative section of the electronic record was incomplete. There were blank sections for the</p>				<p>Residents F,H, K, L and H have been discharged from the facility. Resident F, K, L and H now have an order for discharge from the physician. Resident H discharge summary is complete in the medical record. Resident J physician order was attached to the discharge summary.</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>Any resident discharging to a lower level of care has the potential to be affected. The IDT team and nursing will be inserviced on the discharge process by 4/5/25.</p> <p>A review of any resident discharged in the last 10 days were reviewed by IDT to ensure: A physician order for discharge including related medications, equipment and treatments. The IDT team completed their sections of the Discharge Summary. A list of discharging medications was provided to the resident/representative at the time of discharge. The discharge instructions were reviewed and signed by the resident/representative and a copy</p>		

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	<p>following areas: transportation; customary routine; continence; cognitive patterns; dental; communication; nutritional status, vision; pressure ulcer/injury; mood and behavior patterns; activity pursuits; psychosocial well-being; physical functioning and structural problems- mobility devices, self-care and mobility. Resident H's current medications were also not listed on the Discharge Summary and the summary lacked a signature from the resident and/or the resident's representative.</p> <p>During an interview, on 3/6/2025 at 9:56 A.M., the RDCS indicated there should have been a physician's order to discharge the resident home.</p> <p>During an interview, on 3/6/2025 at 1:47 P.M., the RDCS indicated the Clinical Discharge and Narrative sections should have been completed based off the information in the most recent Minimum Data Set Assessment (MDS) assessment and should not have been left blank.</p> <p>During an interview, on 3/6/2025 at 1:49 P.M., the RDCS indicated a copy of the physician orders report for medications, from the electronic medical record, should have been printed and attached to the discharge summary and a copy should have been sent home with the resident.</p> <p>3. The record for Resident J was reviewed on 3/5/2025 at 2:38 P.M. Diagnoses included, but were not limited to diabetes, hypertension, obesity and congestive heart failure. Resident J's payer source was private pay as of 7/22/2024.</p> <p>A Physician's Order, dated 8/29/2025, indicated an order to discharge the resident home with three (3) days of medications.</p>				<p>was provided to them. Any concerns were corrected.</p> <p>What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur:</p> <p>The IDT team and nursing will be inserviced on the discharge process by 4/5/25. Discharged residents will be reviewed by the IDT using the IDT Transfer Review to ensure completion and accuracy to include:</p> <p>A physician order for discharge including related medications, equipment, treatments, will be made as indicated by the physician.</p> <p>The IDT team will complete their sections of the Discharge Summary prior to discharge.</p> <p>A list of discharging medications will be provided to the resident/representative at the time of discharge.</p> <p>The discharge instructions will be reviewed and signed by the resident/representative and a copy will be provided to them. Any concerns will be addressed immediately.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be</p>		

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	<p>A Transfer of Care/Discharge Summary, dated 8/29/2025, located in the Clinical Discharge and Narrative section of the electronic record had the following areas left blank: transportation; customary routine; continence; cognitive patterns; dental; communication; nutritional status; vision; pressure ulcer/injury; mood and behavior patterns; activity pursuits; psychosocial well-being; physical functioning and structural problems- mobility devices, self-care and mobility. The care plan goals and the medications to be taken at home were also not documented.</p> <p>A Receipt for Returned Products from [Name of Pharmacy], dated 8/30/2024, indicated the following medications were returned to the pharmacy: 2 Levofloxacin (antibiotic), 73 metformin (anti diabetes), 35 Lisinopril (blood pressure), 22 acetaminophen (pain), 4 multivitamins, 4 aspirin, 5 carvedilol (heart), 4 furosemide (water retention) and 39 atorvastatin (cholesterol). The reason for the return of all the medications was documented as "discharged".</p> <p>During an interview, on 3/6/2025 at 1:19 P.M., the RDCS indicated the medications for Resident J should have been sent home with him.</p> <p>A Quarterly Minimum Data Set (MDS) assessment for Resident J was completed, on 8/27/2024, 2 days prior to the discharge date of 8/29/2024.</p> <p>During an interview, on 3/6/2025 at 1:47 P.M., the RDCS indicated the Clinical Discharge and Narrative sections should have been completed based off the information in the most recent Minimum Data Set (MDS) Assessment and not left blank.</p> <p>During an interview, on 3/6/2025 at 1:49 P.M., the</p>				<p>put into place:</p> <p>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit Tool "Discharge Planning" 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:</p> <p>April 5, 2025</p>		

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	<p>RDSCS indicated a copy of the physician's orders report from the electronic medical record should have been printed and attached to the discharge summary.</p> <p>4. The record for Resident K was reviewed on 3/5/2025 at 2:30 P.M. Diagnoses included, but were not limited to anxiety, hypertension, pancreatitis, and alcoholic cirrhosis of the liver.</p> <p>There was no physician's order to discharge Resident J on 10/20/2025.</p> <p>A Transition of Care/Discharge Summary, dated 10/20/204, indicated Resident J had been discharged home. The Clinical Discharge and Narrative section lacked any documentation in the following areas: transportation; customary routine; continence; cognitive patterns; dental; communication; nutritional status, vision; pressure ulcer/injury; mood and behavior patterns; activity pursuits; psychosocial well-being; physical functioning and structural problems- mobility devices, self-care and mobility. There was also no home medications listed on the summary and the summary was not signed by Resident J and/or Resident J's representative.</p> <p>During an interview, on 3/6/2025 at 9:56 A.M., the RDSCS indicated there should have been a physician's order to discharge Resident J home.</p> <p>During an interview, on 3/6/2025 at 1:47 P.M., the RDSCS indicated the Clinical Discharge and Narrative sections should have been completed based off the information in the most recent Minimum Data Set Assessment (MDS) and not left blank.</p> <p>An Admission MDS had been completed, on</p>						

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	<p>10/1/2025, nineteen (19) days prior to his discharge.</p> <p>During an interview, on 3/6/2025 at 1:49 P.M., the RDCS indicated a copy of the physician's orders report from the electronic medical record, which would have included a list of medications, should have been printed and attached to the discharge summary.5. A record review for Resident L was completed on 3/5/2025 at 1:33 P.M. Diagnoses included, but were not limited to Diabetes Type 2, staphylococcal arthritis to the right knee, rheumatoid arthritis and anemia.</p> <p>Resident L's Physician's orders included the following medications: atorvastatin 80 milligrams (mg) daily, duloxetine 20 mg daily, Flomax 0.4 mg daily, rifampin 300 mg twice daily, and pantoprazole 40 mg daily.</p> <p>Resident L's medical record did not include a Physician's Order to be discharged to the community. In addition, there was no physician's order regarding if medications could be sent with the resident when he was discharged.</p> <p>A Transition of Care/Discharge Summary, dated 9/18/2024, indicated Resident L had been discharged home. The summary did not include a discharge medication list and the clinical discharge/narrative was incomplete.</p> <p>During an interview on 3/6/2025 at 1:49 P.M., the Regional Director of Clinical Services (RDCS) indicated a Physician's order should have been written for Resident L to discharge home, and a copy of the physician orders report from the electronic medical record should have been printed and attached to the discharge summary. The RDCS indicated the section for clinical</p>						

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	<p>discharge and narrative should have been completed based off the information in the most recent Minimum Data Set Assessment (MDS) and not left blank.</p> <p>On 3/6/2025 at 9:22 A.M., the RDCS provided the policy titled, "Discharging Planning", dated 3/2023, and indicated the policy in the one currently used by the facility. The policy included the following: "... Appropriate IDT members will participate in formulating a comprehensive discharge plan... 6. A physician's order for discharge including related medications, equipment, treatments, and home health will be obtained as applicable... 8. The instructions will be reviewed and signed by the resident/representative in a manner they are able to understand; a copy of the instructions will be given to the resident/representative...."</p> <p>On 3/6/2025 at 1:15 P.M., the RDCS provided the policy titled, "Discharging a Resident with Medications," with a revision date of 8/1/2024, and indicated the policy was the one currently used by the facility. The policy included the following: "... 1. Facility nurse shall review the medication list with the prescriber to determine which medication orders will be continued upon discharge. 1.1 A reconciliation of all discharge orders against medications taken during the resident stay shall be completed per facility policy. 2. Resident's physician/prescriber shall provide an order indicating that the resident may take medications with them upon discharge...."</p> <p>On 3/6/2025 at 1:47 P.M., the RDCS provided the "Transition of Care/Discharge Summary Guidelines," undated, and indicated the guidelines were the ones currently used by the facility. The guidelines indicated the following: "...Clinical</p>						

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	Discharge and Narrative- MDS ARD: select the most recent MDS (if no MDS available leave blank)...Discharge Medications- Please print out home discharge medication instructions from [name of charting program], using the Physician Orders Report, with the discharge date as the Start date and end 30 days later...." This citation relates to complaint IN00453560. 3.1-12(a)(3)						