STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155165	A. BUILDING 00 B. WING	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERVIEW VILLAGE	586 EASTERN BLVD CLARKSVILLE, IN 47129

(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	This visit was for the Investigation of Complaints IN00385497 and IN00386639. Complaint IN00385497 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00386639 - Substantiated. Federal/State deficiency related to the allegations is cited at F684. Survey dates: August 5, 7, and 8, 2022 Facility number: 000082 Provider number: 155165 AIM number: 100289640 Census Bed Type: SNF/NF: 78 Total: 78 Census Payor Type: Medicare: 4 Medicaid: 60 Other: 14 Total: 78 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 10, 2022.	F 0000	Please accept this plan of correction as facilities' credible allegation of compliance. Please note this facility respectfully request paper review for this survey. It is the practice of this facility to ensure staff provide an accurate and complete assessment for a resident's change in condition to the nurse practitioner.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure staff provide an accurate and complete assessment for a resident's (Resident C) change in condition to the nurse practitioner, for 1 of 3 residents reviewed for quality of care. Findings include: The clinical record for Resident C was reviewed on 8/5/22 at 4:21 p.m. The diagnoses included, but were not limited to, hypertension and malignant neoplasm. The vital signs record for the resident indicated the following blood pressure (B/P) and heart rate (HR): - On 4/26/22 at 9:33 a.m. - B/P - 121/74 and HR - 76 - On 5/10/22 at 9:57 a.m. - B/P - 134/71 and HR - 71 - On 5/24/22 at 9:21 a.m. - B/P - 128/79 and HR - 71 - On 7/07/22 at 9:21 a.m. - B/P - 132/81 and HR - 77 The progress note, dated 7/16/22 at 12:41 a.m., indicated the staff had assisted the resident to the bathroom, she became dizzy, and the resident fell on to the bed due to weakness. Her blood pressure was 89/71 and her heart rate was 110. NP (Nurse Practitioner) 6 was notified with a new order to monitor for weakness. The progress note, dated 7/16/22 at 11:50 p.m., indicated the resident's B/P was 75/51, heart rate 103, oxygen saturation was 90%, the resident was very weak, and her lung sounds were diminished.	F 0684	1.) Resident C no longer resides at facility. 2.) Record review will be completed on all residents with abnormal blood pressure last 30 days. Any identified abnormal blood pressures will be reviewed with MD/nurse practitioner to ensure no further recommendations. 3.) Charge nurse will review vitals report daily for any abnormal Blood Pressures to ensure follow up and notification completed. All nurses will be educated on reporting abnormal blood pressures to MD/NP. 4.) QAPI tools will be completed monthly on Change of Condition for 6 months with results being reported during monthly QAPI meeting after achieving 6 months of compliance QAPI tools will then be completed quarterly as an ongoing practice. 5.) 8-30-22	08/30/2022

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	NP 6 was notified and gave orders to send the resident to the hospital. The clinical record lacked documentation of an assessment of the resident's blood pressure or heart rate between 7/16/22 at 12:41 a.m. and 7/16/22 at 11:50 p.m. During an interview on 8/8/22 at 10:23 p.m., LPN 5 indicated when she notified NP 6 of the resident's change of condition, the only order given was to monitor for weakness. During an interview on 8/8/22 at 3:28 p.m., NP 6 indicated she had received a call on 7/16/22 at 12:41 a.m. related to Resident C, however, she felt the vital sign information was not provided. That the resident with a blood pressure that low was not normal. If the resident's low blood pressure was communicated to her, she would have treated the low blood pressure and obtained stat labs. On 8/8/22 at 4:16 p.m., the Executive Director provided a current copy of the document titled "Resident Change of Condition Policy" dated 11/2018. It included, but was not limited to, "Policy...It is the policy of this facility that all changes in resident condition will be communicated to the physician...Any sudden or serious change in a resident's condition manifested by a marked change in physical...behavior will be communicated to the physician...All symptoms and unusual signs will be documented...and communicated to the attending physician promptly...." This Federal tag relates to Complaint IN00386639 3.1-37			