

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

PRINTED: 07/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/06/2023	
NAME OF PROVIDER OR SUPPLIER  RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3001 GALAXY DR EVANSVILLE, IN 47715			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00410919. This visit included the Investigation of Residential Complaint IN00410919.</p> <p>Complaint IN00410919 - State deficiency related to the allegations are cited at R0117.</p> <p>Unrelated deficiency.</p> <p>Survey dates: July 5, 6, 2023</p> <p>Facility number: 002280 Provider number: 155723 AIM number: 201068770</p> <p>Census Bed Type: SNF/NF: 21 SNF: 33 Residential: 42 Total: 96</p> <p>Census Payor Type: Medicare: 22 Medicaid: 13 Other: 61 Total: 96</p> <p>River Pointe Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Nursing Home Complaint IN00410919.</p> <p>Quality review completed on July 7, 2023.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by River Pointe Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of River Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		

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

TITLE

(X6) DATE

Jordan Shots

Executive Director

07/25/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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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R 0000  Bldg. 00	<p>This visit was for the Investigation of Residential Complaint IN00410919. This visit included the Investigation of Nursing Home Complaint IN00410919.</p> <p>Complaint IN00410919 - State deficiency related to the allegations are cited at R117.</p> <p>Unrelated deficiency.</p> <p>Survey date: July 5, 6, 2023</p> <p>Facility number: 002280</p> <p>Residential Census: 42</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 7, 2023.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by River Pointe Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of River Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
R 0117  Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid</p>						

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	<p>certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on interview and record review, the facility failed to ensure residents received care by qualified staff for 3 of 3 diabetic residents reviewed. QMAs (Qualified Medication Aide) documented the administration of routine insulin injections without being certified to administer insulin. (Resident F, Resident G, Resident H)</p> <p>Findings include:</p> <p>1. During record review on 7/5/23 at 1:02 P.M., Resident F's diagnoses included, but were not limited to; diabetes mellitus.</p> <p>Resident F's physician orders included, but were not limited to; Humalog U-100 insulin 100 units/ml (milliliter), sliding scale subcutaneous (initiated 6/23/23).</p> <p>A review of Resident F's medication administration record (MAR) from 6/1/23 thru 7/5/23, the resident's insulin order (Humalog U-100 insulin 100 units/ml (milliliter), sliding scale subcutaneous) was documented as administered</p>			R 0117	<p>1. Residents F, G, and H suffered no ill effects from the alleged deficient practice. Residents assessed with no concerns.</p> <p>2. All residents receiving insulin have the potential to be affected. All residents with orders for insulin administration assessed with no concerns. QMAs educated on scope of practice and insulin certification requirements. Insulin certified QMAs educated on Indiana Qualified Medication Aide Insulin Administration Policy and Insulin Administration.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will complete an audit of insulin administration by qualified personnel for 5 residents receiving insulin 5 x weekly for 4 weeks, 3 x weekly for 4 weeks, twice weekly for 4 weeks, then weekly for 3 months.</p>		07/24/2023

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	<p>by QMA 2 on 6/25/23, 6/29/23, 7/1/23 and by QMA 3 on 6/27/23 and 7/3/23.</p> <p>2. During record review on 7/5/23 at 1:19 P.M., Resident G's diagnoses included, but were not limited to; diabetes mellitus.</p> <p>Resident G's physician orders included, but were not limited to; Humalog insulin 100 unit/ml, 8 units subcutaneous (initiated 2/10/23); Humalog insulin 100 unit/ml, sliding scale subcutaneous (initiated 2/10/23); Levemir FlexTouch U-100 insulin 100 unit/ml, 30 units subcutaneous (initiated 2/10/23).</p> <p>A review of Resident G's MAR from 6/1/23 thru 7/5/23, the resident's insulin order (Humalog insulin 100 unit/ml, 8 units subcutaneous) was documented by QMA 3 on the following dates: 6/2/23, 6/9/23, 6/12/23, 6/13/23, 6/14/23, 6/16/23, 6/17/23, 6/18/23, 6/19/23, 6/20/23, 6/21/23, 6/22/23, 6/23/23, 6/26/23, 6/27/23, 6/30/23, and 7/2/23.</p> <p>A review of Resident G's MAR from 6/1/23 thru 7/5/23, the resident's insulin order (Humalog insulin 100 unit/ml, sliding scale subcutaneous) was documented by QMA 3 on the following dates: 6/2/23, 6/8/23, 6/9/23, 6/12/23, 6/13/23, 6/14/23, 6/17/23, 6/18/23, 6/19/23, 6/21/23, 6/22/23, 6/26/23, 6/27/23, and 6/30/23.</p> <p>A review of Resident G's MAR from 6/1/23 thru 7/5/23, the resident's insulin order (Levemir FlexTouch U-100 insulin 100 unit/ml, 30 units subcutaneous) was documented by QMA 2 on the following dates: 6/25/23, 6/29/23, and by QMA 3 on 6/8/23, 6/12/23, 6/13/23, 6/14/23, 6/15/23, 6/16/23, 6/17/23, 6/18/23, 6/19/23, 6/23/23, 6/27/23, and 6/28/23. QMA 4 administered the insulin on 6/26/23.</p>				<p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>		

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	<p>3. During a record review on 7/6/23 at 8:08 A.M., Resident H's diagnoses included, but were not limited to; diabetes mellitus.</p> <p>Resident H's physician orders included, but were not limited to; Lantus U-100 insulin (insulin pen) 100 units/ml, 25 units subcutaneous (initiated 6/6/23).</p> <p>A review of Resident H's MAR from 6/1/23 thru 7/5/23, the resident's routine insulin order (Lantus U-100 insulin (insulin pen) 100 units/ml, 25 units subcutaneous) was documented as administered by QMA 3 on 6/6/23.</p> <p>During a review of the facilities QMA certifications, QMA 2, QMA 3, and QMA 4 were found to be uncertified for the administration of insulin.</p> <p>During an interview on 7/6/23 at 8:53 A.M., QMA 5 indicated QMA's are not able to administer insulin unless they had completed the certification to administer insulin.</p> <p>During an interview on 7/6/23 at 9:05 A.M., the DON (Director of Nursing) indicated that a QMA must request a nurse to inject insulin and that QMA's must go through a class and pass a test to become certified to inject insulin.</p> <p>On 7/6/23 at 9:45 A.M., the Regional Consultant provided a facility policy titled, Indiana Only Qualified Medication Aide Insulin Administration, dated 7/9/20. The policy included, "To allow Indiana QMA's who are current on the QMA registry or have completed the QMA 100hr (hour) training program, passed the state exam and successfully completed the Insulin Administration Education Module to administer insulin. All</p>						

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R 0216  Bldg. 00	<p>training must have been completed at/by an approved Indiana State Department of Health Qualified Medication Aide Training Program."</p> <p>This State Residential finding relates to Complaint IN00410919.</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, interview, and record review, the facility failed to ensure a physician order to self administer medications was obtained for 1 of 1 residents observed with medications left at bedside in a sample of 5 for medication administration. A physician's order for self administration of medication was not in the resident's clinical record. (Resident C)</p> <p>Finding includes:</p> <p>On 7/6/23 at 7:08 A.M., LPN (Licensed Practical Nurse) 22 prepared 7 medications and took them into Resident C. At that time, she left the resident's room to get ice for the resident's drink leaving the medications with the resident. She</p>			R 0216	<p>1. Resident C was assessed and resident able to self-administration medications. Facility staff will set up medications for self-administration. Resident assessed and no affects noted from the alleged deficient practice.</p> <p>2. All residents have the potential to be affected from the alleged deficient practice. All residents requesting to self-administer medications have completed a self-administration assessment to validate competency. All identified</p>		07/24/2023

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	<p>returned to the resident's room and left again, leaving the medications sitting with the resident to take on her own.</p> <p>During an interview on 7/6/23 at 7:16 A.M., LPN 22 indicated the resident would take them on her own when she was ready.</p> <p>On 7/6/23 at 8:00 A.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, anxiety, hypertension, and hyperlipidemia.</p> <p>Current physician's orders lacked an order for the resident to self administer medications.</p> <p>The most recent service plan, dated 3/15/23, indicated Resident C was moderately cognitively impaired and "Resident requires assist to administer, organize or store medications-staff provide [sic] any medication to resident ... Ensure medications are available for self-administration"</p> <p>On 7/6/23 at 9:45 A.M., the most recent nurse practitioner's progress note, dated 4/28/23, was provided by the Regional Consultant and indicated Resident C's "Remote memory [memory of events that occurred in the distant past] normal and recent memory [short-term] abnormal."</p> <p>During an interview on 7/6/23 at 10:30 A.M., the DON (Director of Nursing) indicated service plans were completed every 6 months and served as the self administration evaluation. If there was a change in the resident's condition or a need to alter the resident's self administration order, there was a separate form that could be filled out but this was only done between service plan evaluations as needed. At that time, she indicated that all residents that self administer medications</p>				<p>residents were verified to have physician orders in place for self-administration. Nursing staff have been provided education regarding medication administration, self-administration, assessments, and care planning.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit/observe adherence to the policy on self-administration and physician orders. Audit to consist of 5 residents weekly x4 weeks, then 5 residents every other week for 2 months, then 5 residents monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>		

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	<p>should have a current physician's order to self administer any medications.</p> <p>During an interview on 7/6/23 at 11:20 A.M., the Regional Consultant indicated staff should do an assessment of the resident if they indicated they wanted to self administer medications. Then the nurse would contact the physician to get an order to self administer the specific medications and that order should be in the resident's clinical record that day or the day after. Staff should continually monitor the resident for a change in their status or ability to do self administration. At that time, she indicated that the DON was contacting the physician to get an order for Resident C to self administer medications.</p> <p>A current Self Administration of Medication policy, revised 8/11/16, was provided by the Regional Consultant and indicated " ... 1. Residents requesting to self-medicate or has self medication as a part of their plan of care shall be assessed for safety ... 2. Results of the assessment will be presented to the physician for evaluation and an order for self-medication [sic] a. The order should include the type of medication(s) the resident is able to self-medicate. i.e.: all oral meds, oral meds with the exception of nebulizer treatment only, all medications including injection, oral, inhalers, drops, etc ... "</p>						