

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

PRINTED: 09/16/2022

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____                       |                                                                                                                                                                                                                                                                                                                                                                                              | X3) DATE SURVEY<br>COMPLETED<br>08/27/2022 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>RIVERBEND       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2715 CHARLESTOWN PIKE<br>JEFFERSONVILLE, IN 47130 |                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                            |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |  | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                     |                                            | (X5)<br>COMPLETION<br>DATE |
| R 0000<br><br>Bldg. 00                              | <p>This visit was for the Investigation of Complaint IN00382987.</p> <p>Complaint IN00382987 - Substantiated. State deficiency related to the allegations is cited at R0273.</p> <p>Survey date: August 27, 2022</p> <p>Facility number: 010885</p> <p>Residential Census: 108</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on August 29, 2022.</p>                                                                                                                                                                                                                                                                                                                                             |                                                     |  | R 0000                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                            |
| R 0273<br><br>Bldg. 00                              | <p>410 IAC 16.2-5-5.1(f)<br/>Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure dietary staff were wearing hair coverings during meal service and failed to ensure a staff member had a face mask in place while serving food for 1 of 2 observations for food services. (Dining Room)</p> <p>Findings include:</p> <p>Upon facility entrance on 8/27/22 at 11:15 a.m., Dietary Staff Member 2 was observed serving food without a hair covering or face mask in place.</p> |                                                     |  | R 0273                                                                                    | <p>#1. All members of the dietary staff received in-servicing by the Dietary manager regarding Food Service and Sanitation which included but was not limited to the importance of wearing masks, cleanliness and proper uniforms including wearing of hair coverings (nets).</p> <p>The Wellness Director will hold mandatory in-services for all staff regarding importance of wearing</p> |                                            | 09/30/2022                 |

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

TITLE

(X6) DATE

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 disclosed 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>Dietary Staff Member 3 and 4 were observed in the kitchen without hair coverings in place.</p> <p>During an interview on 8/27/22 at 11:17 a.m., Dietary Staff Member 2 indicated he would go retrieve a face mask and put it on.</p> <p>During an interview on 8/27/22 at 11:18 a.m., Dietary Staff Member 4 indicated she did not have a hairnet in place because it was too hot.</p> <p>During an interview of 8/27/22 at 1:08 p.m., the Executive Director indicated hair coverings and face masks should be worn in the kitchen at all times.</p> <p>On 8/27/22 at 1:10 p.m., the Executive Director provided a current copy of the undated document titled "Dietary Dress Code" from the employee hand book. It included, but was not limited to, "Cooks Dress Code...Hairnets Caps must be worn at all times in the kitchen...Servers Dress Code...Hairnets or ...Caps must be worn at all times in the kitchen...."</p> <p>On 8/27/22 at 1:55 p.m., the Wellness Director provided a current copy of the summary of the Company COVID-19 Transition Plan dated 6/7/20. It included, but was not limited to, "This outlines our policies as we begin easing some of the heightened safety measures and restrictions put in place to limit the spread of COVID-19...PPE Requirements...Staff...in masks at all times...."</p> <p>This State tag relates to Complaint IN00382987</p> |                                                     |  |                                                                                           | <p>masks, proper handwashing, PPE requirements and current COVID -19 requirements as they pertain to our community.</p> <p>#2. All residents of the AL building were tested for COVID on 08/31/22. No positive results were noted. All residents of the AL building were tested again on 09/06/22. No positive results were noted. All Residents are screened for symptoms of COVID, temps and O2 SATS taken twice daily.</p> <p>#3. Dietary manager, as well as any/all members of the leadership team will observe for proper wearing of PPE by all staff. Any staff found to be non-compliant will receive disciplinary action up to and including termination.</p> <p>#4. Dietary manager will keep record of observations to be done at alternating times four (4) times a week for six (6) weeks. Three (3) times a week for the next five (5) weeks. Two (2) times a week for the next four (4) weeks and one (1) time weekly for the next four (4) weeks. Any and all new hire staff will receive in-servicing on wearing PPE and will sign that section of the handbook prior to working in the dietary department. Completion date on or before 09/30/22</p> |                                            |                            |