STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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 Investigation of Complaints IN00429561, IN00429518, IN00429316, and IN00429373. Complaint IN00429316 - No deficiencies related to the allegations are cited. Complaint IN00429561 - Federal/State deficiency related to the allegations are cited at F600 and F609 . Complaint IN00429518 - No deficiencies related to the allegations are cited. Complaint IN00429373- No deficiencies related to the allegations are cited. Survey dates: March 6, 7, and 8, 2024 Facility number: 000044 Provider number: 155106 AIM number: 100274940 Census Bed Type: SNF/NF: 122 Total: 122 Census Payor Type: Medicare: 9 Medicaid: 66 Other: 47 Total: 122 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed March 13, 2024.	F 0000	Please consider this plan of correction as our credible allegation of compliance to the complaint survey conducted from 3/6/24 - 3/8/24. We respectfully request desk review..	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
keith davis	Senior executive director	03/18/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect Based on interview and record review, the facility failed to prevent the verbal and mental abuse of a severely cognitively impaired resident (Resident D) by a staff member (QMA 1). Using the reasonable person concept, it is likely this deficient practice would lead to chronic anxiety, or fear. Findings include: The clinical record of Resident D was reviewed on 3/6/24 at 12:18 p.m. Diagnoses included dementia with other behavioral disturbance, cognitive social or emotional deficit following cerebral infarction, depressive disorder, disorientation, and hypertension. The resident was living on the secured memory care unit. The most recent annual Minimum Data Set (MDS) assessment, dated 3/4/24, indicated the resident was severely cognitively impaired. Review of a facility self reportable, dated 3/1/24, indicated an allegation of verbal abuse was reported by staff. The reportable documented "communication concerns" between Resident D and QMA 1. Review of a written statement by Lab Tech 2, dated 3/1/24, indicated on 3/1/24 at 5:40 a.m., Resident D was standing up. The lab tech verbally encouraged the resident to sit down. QMA 1 was sitting at the nurse's station and indicated they were dealing with a fall follow-up. QMA 1 approached the resident to attempt to get them to sit down. Lab Tech 2 indicated as they were leaving the unit, they heard QMA 1 yell, "I	F 0600	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** - Resident D was monitored and showed no psychosocial distress. - QMA 1 was suspended at the time of the occurrence and is no longer employed. **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 this deficient practice. - All staff educated on abuse policy by ED/Designee on or before 3/22/24 - Abuse questions completed with all interviewable residents on unit showing no concerns with abuse - Skin assessments were completed on all non-interviewable residents on the unit to ensure no signs of abuse. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** - All staff educated on abuse policy ED/Designee on or before	03/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
	will call the cops on you. Do not touch me!" The lab tech was concerned about what could have happened next and stayed within the line of sight of the resident until another staff member arrived. The lab tech left the unit and reported their concerns. Review of a written statement by CNA 3, dated 3/1/24, indicated they witnessed QMA 1 interact with Resident D. QMA 1 told the resident to sit down when they attempted to stand up from a chair. The resident said "no". The resident was not aggressive nor combative towards QMA 1. The resident attempted to stand from the chair again and QMA 1 moved from the nurse's station towards the resident. QMA 1 told the resident they would call the police if the resident hit them. Review of an undated written statement by LPN 4 indicated they heard QMA 1 raise their voice at a resident. LPN 4 was not on the on the memory care unit. The raised voice was heard through double locked doors. Review of an email, dated 3/1/24, indicated QMA 1 denied yelling at the resident; they told the resident they would call the police and get the authorities involved if the resident didn't stop hurting them. QMA 1 indicated the resident had been squeezing their hand and hurting them. During an interview on 3/7/24 at 1:05 p.m., Lab Tech 2 indicated, on 3/1/24, they witnessed Resident D sitting in a common area. The resident attempted to stand and Lab Tech 2 told the resident she needed to sit down and tried to direct the resident back to the chair. QMA 1 was sitting in the nurse's station. The lab tech told QMA 1 staff usually have the resident sit in a recliner with her feet up. QMA 1 said she had to do a fall		3/22/24 - ED and/or designee will audit all abuse reportables to ensure compliance. **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?** - The Abuse QAPI Tool (F600/F609) will be utilized by ED/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 100% is not achieved, an action plan will be developed to ensure compliance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
	follow-up. QMA 1 then left the nurses' station and approached the resident. QMA 1 began yelling at the resident in a loud threatening voice. QMA 1 told the resident she was going to call the police if the resident touched them again. Lab Tech 2 did not see the resident touch QMA 1. The resident told QMA 1 responded "Well don't touch me like that again." The lab tech did not see any physical contact between Resident D and QMA 1. The lab tech indicated they did not want to leave the resident alone with QMA 1 and waited for another staff member to be present. Lab Tech 2 left the memory care unit and reported the concerns to the night shift nurse. The night shift nurse indicated they had heard the commotion. During an interview on 3/8/24 at 8:20 a.m., CNA 5 indicated, on 3/1/24, QMA 1 had been yelling at Resident D throughout the shift and had been impatient with the resident. CNA 5 felt the verbal interactions were rude and inappropriate. CNA 5 was returning to the memory care unit when CNA 3 said QMA 1 threatened to call the police on the resident. CNA 3 indicated the statement was inappropriate. When they checked on the resident, the resident said they were alright, but appeared distressed. During an interview on 3/8/24 at 9:16 a.m., LPN 6 indicated, on 3/1/24, they arrived early and were at the Desk 1 nurses' station (not memory care unit). LPN 4 told them QMA 1 had told Resident D they were going to call the police on them. LPN 6 told LPN 4 to call the DON and report the incident. The DON instructed them to send QMA 1 home immediately. QMA 1 indicated to LPN 6 the resident became aggressive and no resident was going to lay hands on them. LPN 6 indicated the yelling had been heard through the double locked			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
	doors to the memory care unit. During an interview on 3/8/24 at 10:00 a.m., QMA 1 indicated, on 3/1/24, they were working on the memory care unit. Resident D had been sitting in a common area so they could be observed due to being a fall risk. The resident had attempted to stand and QMA 1 told them to sit down. When the resident attempted to stand again, QMA 1 sat her down. The resident grabbed QMA's hand and arm, which caused pain. QMA 1 told the resident they would call the police and authorities. The resident let go. QMA 1 told other staff members they were not a punching bag. QMA 1 indicated staff attempted to normalize this type of behavior by stating they "get beat up". During an interview on 3/8/24 at 10:54 a.m., CNA 3 indicated Resident D would try to stand from the chair, but could be re-directed. CNA 4 was assisting in a resident room and QMA 1 was supervising in the dining room, where Resident D was. CNA 3 heard QMA 1 telling Resident D "I need you to sit down" in a loud aggressive voice. CNA 3 went to intervene. Resident D was assisted to the bathroom and returned to the dining room. CNA 3 left to continue with room checks. Later, QMA 1 was observed standing over Resident D. The resident calmly stood from the chair. The resident was not confrontational. QMA 1 told the resident, in a threatening and intimidating voice, they better not hit them or they would call the police. Resident D was visibly escalating from the interaction with QMA 1. Lab Tech 2 was near by and appeared to be shocked after witnessing the interaction. During an interview on 3/8/24 at 12:18 p.m., CNA 7 indicated they heard QMA 1 yell at Resident D, "Don't hit me. I am going to call the police."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
	QMA 1 was loud and agitated. CNA 7 indicated this was not appropriate and could be considered intimidating. A current policy, dated 2/2010, titled "Abuse Prohibition, Reporting, and Investigation" was provided by the DON on 3/6/24 at 10:07 a.m. The policy indicated the following: ".... Policy: It is the policy of American Senior Communities to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and involuntary seclusion. .... Definitions/Examples of Abuse: .... Mental Abuse - Verbal or nonverbal infliction of anguish, pain, or distress that results in psychological or emotional suffering. This includes any episode of staff to resident; and resident to resident if it appears to be willfully directed to a specific resident. Examples of mental abuse include but are not limited to: Harassing a resident Mocking, insulting, ridiculing Yelling or hovering over a resident, with the intent to intimidate ....". This citation relates to Complaint IN00429561. 3.1-27(a)(1)			
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations Based in record review and interview, the facility failed to ensure staff (QMA 1) reported suspicions of physical abuse of a severely	F 0609	**What corrective action(s) will be accomplished for those residents found to have been**	03/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
	cognitively impaired resident (Resident J) to the Administrator immediately per facility policy for 1 of 4 residents reviewed for abuse. Findings include: The clinical record for Resident J was reviewed on 3/8/24 at 11:27 a.m.. Diagnoses include dementia, epilepsy, and hypothyroidism. During an interview on 3/8/24 at 10:00 a.m., QMA 1 indicated on 3/1/24, during the night shift, while assisting with a lab draw, several staff members held Resident J down by force. QMA 1 indicated they did not report this incident to the Administrator per policy. During an interview on 3/8/24 at 10:33 a.m., the DON indicated the facility was not aware of the allegations until an unrelated interview was conducted with the QMA, approximately seven days after the incident. A current facility policy, dated 2/2010, titled "Abuse Prohibition, Reporting, and Investigation" was provided by the DON on 3/6/24 at 10:07 a.m. The policy indicated the following: ".... Policy: It is the policy of American Senior Communities to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and involuntary seclusion. ...." This citation relates to Complaint IN00429561. 3.1-28(e)		**affected by the deficient practice?** - Resident J was monitored and showed no psychosocial distress - Skin assessment completed on resident J with no concerns for abuse - Staff were suspended, upon investigation. **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 this deficient practice. - All staff educated on abuse policy ED/Designee on or before 3/22/24 - Abuse questions completed with all interviewable residents on unit showing no concerns with abuse. - Skin assessments completed on all non-interviewable residents to ensure no signs of abuse. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** - All staff educated on abuse policy by ED/Designee on or before 3/22/24. - ED/Designee to review 100% of all abuse reportables for appropriateness, including	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155106	A. BUILDING 00 B. WING	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK VILLAGE	295 WESTFIELD RD NOBLESVILLE, IN 46060

(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
			timeliness. **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?** - The Abuse Assessment QAPI Tool (F600/F609) will be utilized by ED/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 100% is not achieved, an action plan will be developed to ensure compliance	