

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

PRINTED: 08/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/29/2022
NAME OF PROVIDER OR SUPPLIER RIVER BEND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a PSR to Investigation of Complaints IN00382749, IN00382775, IN00382337, IN00381911, IN00378390 and a COVID-19 Focused Infection Control Survey completed on 6/16/22.</p> <p>Survey date: July 28 & 29, 2022</p> <p>Complaints:</p> <p>IN00382749: corrected IN00382775: corrected IN00382337: corrected IN00381911: corrected IN00378390: corrected</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Census bed type: SNF: 3 SNF/NF: 46 Total: 49</p> <p>Census payor type: Medicare: 3 Medicaid: 42 Other: 4 Total: 49</p> <p>River Bend Nursing and Rehabilitation was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR of the Investigation of Complaints IN00382749, IN00382775, IN00382337,</p>	{F 000}			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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{F 000}	Continued From page 1 IN00381911, IN00378390 and a COVID-19 Focused Infection Control Survey completed on 6/16/22. Quality review completed on August 9, 2022.	{F 000}			