STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155695	A. BUILDING 00 B. WING	06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERSIDE VILLAGE	1400 W FRANKLIN ST ELKHART, IN 46516

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00402502, IN00403971, IN00405959, and IN00409839. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00402502 - No deficiencies related to the allegations are cited. Complaint IN00403971 - Federal/state deficiencies related to the allegations are cited at F602. Complaint IN00405959 - No deficiencies related to the allegations are cited. Complaint IN00409839 - Federal/state deficiencies related to the allegations are cited at F690. Survey dates: June 13,14,15 & 16, 2023 Facility number: 003075 Provider number: 155695 AIM number: 200364160 Census Bed Type: SNF/NF: 74 Total: 74 Census Payor Type: Medicare: 1 Medicaid: 53 Other: 20 Total: 74 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 6/20/23.	F 0000	Riverside Village requests a face to face IDR for F690. Facility disagrees with the scope and severity as assigned.	

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

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.

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F 0602 SS=E Bldg. 00	483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Based on interview and record review, the facility failed to prevent misappropriation of resident medications by a Registered Nurse, when medications for 3 current residents (B, C and K) and 22 discharged residents (L, M, N, O,P, Q, R, S, T, V, W, X, Y, Z, BB, CC, DD, FF, GG, HH, KK and LL) were found in the nurses personal bags in another facility, (RN 2). Finding includes: On 6/14/23 at 2:00 P.M., the Administrator provided Incident Number 701 and the facility's investigation regarding Incident Number 701. Incident Number 701 indicated the facility filed the report (Incident Number 701) with the Indiana State Department of Health on 3/12/23 at 2:44 P.M. The report indicated several medications were found in an ex-employee's, (RN 2) bags by the police in another facility. On 6/15/23 at 10:00 A.M., the Administrator provided her administrator's summary dated 3/13/23, titled, "Reportable-Misappropriation of resident medication." The summary indicated, a Float Administrator from another local facility called to inform this facility's Administrator that a mutual employee was suspended by the other	F 0602	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Residents B, C and K have been informed of the misappropriation of their discounted medication. Report filed with police department. Registered Nurse no longer employed. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** All residents have the potential to be impacted by this deficient practice. A facility audit will be conducted by DNS/designee for the last 7 days of discontinued or discharged resident medications to ensure disposal and destruction of medication meets policy. **What measures will be put into**	07/07/2023

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	local facility for having 2 bags of resident pills. The other facility's Float Administrator indicated on Saturday night (3/11/23), she was called by an employee who reported RN 2 had bubble pack pills in her personal bag. The administrator's summary indicated local police were called to the other local facility by the Float Administrator and the Director of Nursing Services. Originally only 1 blue bag was searched containing bubble packs of discharged resident medications from the other local facility. After the employee was sent home, and the police left the facility, RN 2 called the Director of Nursing Services at the other facility and stated she had left her gray backpack at the other local facility. The Float Administrator and the Director of Nursing Services opened the backpack finding bubble pack medications from this facility. The administrator summary indicated misappropriated medications had come from 3 current residents and 22 residents who had discharged between 7/19 and 9/22. Current Residents: - Resident B 15 tablets of coracidin (cold and flu medication) - Resident C 11 pills of olanzapine (mental health medication) - Resident K 4 pills of bactrim (antibiotic) Discharged Residents: - Resident L 1 tube of calmoseptine ointment (a moisture barrier cream used to prevent and treat injury to the skin) - Resident M 1 tube of antibiotic ointment - Resident N 11 lozenges of cepacol (a sore throat medication) - Resident O 15 melatonin pills (a natural sleep		**place or what systemic changes will be made to ensure that the deficient practice does not recur:** The ED/designee will in-service all facility staff on abuse with misappropriation of resident property on or before 7/7/2023. The DNS/designee will in-service licensed nurses and QMA's on the protocol for disposal and destruction of discontinued and discharged resident medications on or before 7/7/2023. DNS/designee will audit discontinued and discharged resident medications. **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:** Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool "Medication Storage" and "Abuse Interview" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If the threshold of 90% is not met, an action plan will be developed. Findings will be	

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	aide) - Resident P 11 tizanidine pills (a muscle relaxant), diphenhydramine (allergy medication) 9 pills and hydroxyzine (allergy medication) 14 and 1/2 pills. - Resident Q 24 diphenhydramine pills - Resident R 36 diphenhyramine pills - Resident S 1 levofloxacin pill (antibiotic), ondansetron 4 pills (anit- nausea) and melatonin 14 pills - Resident T Unamed quanitify of acetaminiphen (pain reliever) - Resident V 10 ondansetron pills - Resident W 13 acetaminophen pills - Resident X 16 promethazine pills (anti-nausea, allergy) - Resident Y 51 acetaminophen pills - Resident Z 4 melatonin pills - Resident BB triamcinolone acetonide cream (reduce swelling, itching and redness to skin) - Resident CC 1 tube anti itch cream - Resident DD 1/2 bottle cough dm syrup - Resident FF 2 tablets of ondansetron - Resident GG 1 bottle of almacone (stomach acid reducer) - Resident HH 1 bottle of Nystop powder (antifungal medication) - Resident KK 1 bottle of diclofenac sodium (antinflammatory medication) - Resident LL 1 tube of calmoseptine ointment On 6/15/23 at 10:00 A.M., RN 2's employment dates were provided by the Administrator and indicated RN 2 was employed at the facility from 2/05/19 to 2/28/23. On 6/15/23 at 10:00 A.M., during an interview with the Administrator, she indicated the facility had 3 residents who were residing in the facility at the time the misappropriation was discovered, and 22 other residents had been discharged.		submitted to the QAPI Committee for review and follow up. **By what date the systemic changes will be completed:** Compliance Date: 7/7/2023	

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	On 6/14/23 at 2:10 P.M., the Administrator provided a policy titled, "Abuse Prohibition, Reporting, and Investigation," dated 2/10, revised on 1/23, and indicated it was the current facility policy. The policy indicated, "It is the policy...to provide each resident with an environment that is free from...misappropriation of resident property...." This Federal tag relates to complaint IN00403971. 3.1-28(a)			
F 0690 SS=D Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder			

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	receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. Based on interview and record review, the facility failed to ensure physician's orders were followed for catheter changes and to follow-up with a urologist for 1 of 2 residents reviewed for catheter care (Resident F). Finding includes: On 6/14/22 at 10:00 A.M., Resident F's clinical record was reviewed. The resident's Admission Record indicated an initial admission date of 12/18/15 and most recent readmission following a hospital stay on 5/15/23. Diagnoses upon admission included, cerebrovascular accident (stroke), hemiparesis, and aphasia. A review of Resident F's most recent comprehensive Minimum Data Set (MDS) was an annual assessment dated 6/07/23 and indicated Resident F had moderate cognitive impairment, required extensive assistance for bed mobility, transfers, dressing, eating, personal hygiene and was totally dependent on others for bathing and locomotion. The resident was dependent on a urinary catheter and ostomy for bladder and bowel care respectively. Diagnoses at the time of the assessment included stroke with hemiparesis	F 0690	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Riverside Village requests a face-to-face IDR for F690. Facility disagrees with the scope and severity as assigned. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** All residents have the potential to be impacted by this deficient practice. A facility audit was completed by DNS for residents with catheters to ensure physician order, catheter change and follow up appointment made if required. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** The DNS/designee will in-service	07/07/2023

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	that affected the left side, obstructive uropathy, anxiety, depression, and chronic pain. Resident F received scheduled pain medication as well as additional pain medication as needed. Review of Resident F's hospital records from 1/01/23 to 6/14/23, indicated the following hospital visits: From 1/12/23 to 1/14/23, the resident was admitted at local hospital for urinary retention and the facility's inability to change the Foley catheter. The resident was treated with Cephalexin 500 mg capsule every 8 hours for 5 days for urinary tract infection. The hospital Discharge Summary dated 1/14/23 indicated the resident's Foley catheter should be changed monthly at the facility, and if unable to change the catheter, he would be seen by urology in their office. The resident's Foley Catheter was changed during this visit. On 3/11/23 Resident F was admitted at a local hospital for catheter obstruction and released on 3/11/23. The hospital Discharge Summary dated 3/11/23 indicated the resident's old catheter was removed with only a few cc's of fluid within the balloon. The physician indicated a small amount of blood was obtained after the catheter was removed and in the future his catheter should be changed on a monthly bases and should be able to be done in the nursing facility rather than sending him to the emergency room. From 4/08/23 to 4/13/23, Resident F was admitted at local hospital for aspiration pneumonia and urinary tract infection and inflammation reaction due to indwelling Foley catheter, "...chronic indwelling Foley catheter that looks like it is getting infected..." The resident was treated with Doxycycline 100 mg tablet orally 2 times daily for 2		licensed nurses and QMA's on the protocol for catheter care of on or before 7/7/2023. The DNS/designee will in-service licensed nurses on following physician orders, catheter changes and following up physician appointments on or before 7/7/2023. DNS/designee will audit residents with catheters to ensure physician order, catheter changes, and follow up physician appointments scheduled. **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:** Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool "Catheter" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up. **By what date the systemic**	

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	days. The hospital Discharge Summary dated 4/13/23 indicated the resident had a urinary tract infection due to urinary indwelling catheter, and the Foley catheter was last changed on 3/11/23. On 4/17/23 the resident was evaluated at local hospital and released on 4/18/23. The ER (Emergency Room) Physician Report, dated 4/18/23, indicated diagnoses included urinary tract infection, bowel obstruction, dehydration, and pneumonia. The ER physician indicated the resident was placed on Omnicef (dosage unknown) for the urinary tract infection. The Foley catheter was not changed at the hospital during this visit. On 4/23/23 the resident was evaluated at local hospital for urinary tract infection and knee pain and was released on 4/23/23. Resident did not receive additional medications for the Urinary tract infection. The Foley catheter was not changed at the hospital during this visit. From 5/10/23 to 5/15/23, Resident F was admitted at local hospital for multiple concerns including a possible urinary tract infection. The ER Physician Note indicated, "...cloudy urine noted in tubing, large amount of sediment..." The resident was treated with Levaquin 750 mg tablet orally every 24 hours for 3 days. Foley catheter was changed during this visit. On 5/29/23 the resident was evaluated at local hospital and released on 5/29/23 for possible urinary tract infection and abdominal pain. Emergency room report indicated, "...urinalysis that does show signs that could potentially be a urinary tract infection...colonization...follow-up tomorrow morning in the urology clinic for exchange of his catheter...the patient was		**changes will be completed:** Compliance Date: 7/7/2023	

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	discharged in stable condition with plan for close follow-up tomorrow with urology...Please call to schedule your follow-up tomorrow as you need to have your Foley changed in the office with the urologist..." The Foley catheter was not changed during this visit. Review of Resident F's progress notes indicated; On 2/16/23 at 11:17 A.M., Results of Urinalysis show presence of bacteria. MD (Medical Doctor) notified and due to the presence of indwelling catheter MD is waiting on results of Culture to address results appropriately. Nursing. On 02/17/2023 at 09:45 P.M., Contacted MD with urine culture results and new order received to begin Cipro 500mg po BID x 7 days. Nursing. On 4/14/2023 at 12:08 P.M., "Spoke with Urology Associates about daughters request to have Foley catheter changed every 2 weeks. Urology Ass. states they have orders to change catheter every 3 weeks and will have the nurse discuss with dr and they will fax the order to our main fax. Nursing." On 4/19/2023 at 10:57 P.M., the physician note indicated, "... He was recently hospitalized from April 8, 2023 till April 13, 2023. Patient was treated for sepsis due to aspiration pneumonia and UTI. Urine culture grew gram-negative rods. He has a chronic indwelling Foley catheter... Nursing reports that patient saw urologist who has ordered to change his Foley catheter every 2 weeks...." On 5/30/2023 at 12:59 A.M., "...Resident returned back from emergency hospital at about 11:20 pm, with new order to follow up with urologist in the			

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	morning, Dx[diagnosis]; of UTI due long term use of Foley catheter...." Nursing. Review of Physician's order dated 8/13/22, indicated to change the Foley catheter and urinary drainage bag as needed for dislodgement, leakage or occlusion. The order was discontinued on 1/17/23. Physician's order dated 1/17/23, indicated to change the Foley catheter and urinary drainage bag as needed on the 14th of the month. The order was discontinued on 3/13/23. Physician's order dated for 3/13/23, indicated to change the Foley catheter and urinary drainage bag every month on the 11th of the month. The order was discontinued on 4/13/23. Physician's order dated 4/13/23, indicated to change the Foley catheter and urinary drainage bag as needed for dislodgement, leakage or occlusion, as needed. The order was discontinued on 5/16/23. Physician's order dated 5/13/23, indicated to change the Foley catheter and urinary drainage bag as needed for dislodgement, leakage or occlusion as needed. The order was open-ended with no discontinuation date. There were no orders initiated for the resident's Foley catheter to be changed every 2 weeks or every 3 weeks as per the resident's progress notes. The resident was not referred to the Urologist as directed by the Emergency Room physician on 5/29/23.			

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	Review of Resident F's Medication Administration and Treatment records indicated Resident F's Foley catheter was changed as follows; 1/12/23 at the hospital 3/11/23 at the hospital There were no documented Foley catheter changes for February, April, or May of 2023. Review of Resident F's Care Plans included a plan for his urinary catheter dated 8/12/22, and indicated, "...Resident requires an indwelling urinary catheter...at risk for infection...Resident will have catheter care managed appropriately as evidenced by: not exhibiting signs and symptoms of urinary tract infection...Change catheter per MD order...." On 6/14/23 at 2:12 P.M., during an interview with the Regional Nurse Consultant, she indicated the facility did not initiate catheter change orders for the resident at any time from his hospital visits from 1/1/23 to 6/14/23. The Regional Nurse Consultant indicated the Emergency Room and hospital physician's orders should have been written as ordered and followed for catheter changes. The Regional Nurse Consultant also indicated the urology consults were not made as ordered by the hospital physicians and they should have been. She indicated the resident did not see his urologist as ordered. On 6/16/23 at 10:15 A.M., the Administrator provided the current facility policy titled, "Bowel and Bladder Program," dated 3/10 and revised 5/19. The policy indicated, "...If it is determined an indwelling catheter IS medically necessary, obtain a physician's order with...frequency of change...." This Federal tag is related to complaints IN00409839.			

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	3.1-41(2)			