

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155621 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2024 |
|--|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER RIVER BEND NURSING AND REHABILITATION | | STREET ADDRESS, CITY, STATE, ZIP COD 3400 STOCKER DR EVANSVILLE, IN 47720 | | |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00434111, IN00434160, and IN00434015.</p> <p>Complaint IN00434111: Federal and State deficiencies related to the allegations are cited at F656.</p> <p>Complaint IN00434160: No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434015: No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 13 & 14, 2024</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Census Bed Type: SNF: 12 SNF/NF: 61 Total: 73</p> <p>Census Payor Type: Medicare: 10 Medicaid: 43 Other: 20 Total: 37</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 17, 2024.</p> | F 0000 | | |
| F 0656 SS=D | 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan | | | |

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

TITLE

(X6) DATE

Deborah Morgan

Interim HFA

05/29/2024

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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| Bldg. 00 | <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <ul style="list-style-type: none"> (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive | | | |

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| | <p>care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a plan of care was developed and implemented for 1 of 1 resident with an enteral feeding tube. A plan of care was not created timely for an enteral feeding tube and physician orders for enteral tube feeding and treatments were not completed as ordered by the physician. (Resident B)</p> <p>Finding includes:</p> <p>During an observation on 5/13/24 at 9:55 A.M., Resident B was lying in bed in his room. An enteral feeding tube pump and pole were next to Resident B's bed.</p> <p>During record review on 5/13/24 at 1:15 P.M., Resident B's diagnoses included but were not limited to dysphagia, speech and language deficits, and muscle weakness.</p> <p>Resident B's admission date to the facility was 3/29/24.</p> <p>Resident B's Admission MDS (Minimum Data Set), dated 4/4/24, indicated that the resident was cognitively intact, displayed coughing or choking during meals or when swallowing medications, had a feeding tube, and received at least 51 percent of calories through a feeding tube.</p> <p>Resident B's physician orders included but were not limited to enteral feed, every shift with</p> | | F 0656 | <p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Riverbend Nursing and Rehabilitation Center agrees with the allegations and citations listed. Riverbend Nursing and Rehabilitation Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review for this plan of correction.</p> <p>F 656 Develop/Implement Comprehensive Care Plan</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient</p> | 05/30/2024 |

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| | <p>Glucerna 1.5 at 85 ml/hr (milliliters per hour) for 18 hours a day (initiated 4/30/24), flush PEG (Percutaneous Endoscopic Gastrostomy) tube with 200 ml of water (avoid meal times) four times a day (initiated 4/30/24), enteral feed one time a day check and record residual before each feeding, hold if greater than 30 CCs (Cubic Centimeters) and recheck in one hour if held (initiated 5/8/24), tube feeding on one time a day (initiated 5/1/24 at 1:00 P.M.), and tube feeding off one time a day (initiated 5/1/24 at 8:00 A.M.)</p> <p>Resident B's medication administration record (MAR) / treatment administration record (TAR) in May 2024, lacked documentation that the physician's orders; enteral feed one time a day check and record residual before each feeding, hold if greater than 30 CCs (Cubic Centimeters) and recheck in one hour if held (initiated 5/8/24) was completed on 5/8/24 and 5/10/24, tube feeding on one time a day (initiated 5/1/24 at 1:00 P.M) was completed on 5/8/25, 5/10/24, and 5/13/24, and flush PEG (Percutaneous Endoscopic Gastrostomy) tube with 200 ml of water (avoid meal times) four times a day (initiated 4/30/24) was not completed on 5/3/24 during the 4th scheduled flush at 10:00 P.M.</p> <p>Resident B's care plan did not include a focus on the resident's feeding tube with resident centered goals and interventions prior to 5/13/24. A care plan focus of resident has cerebral vascular accident (stroke) (dated 4/1/24), with an intervention that included monitor intake to assure an adequate fluid intake to prevent dehydration. If resident is able to eat, make sure diet is the correct consistency to facilitate safe swallowing. If resident is unable to swallow, give enteral feeding as ordered by physician.</p> | | | <p>practice? Resident B did not experience a negative outcome from lacking an enteral feeding tube plan of care. Resident B enteral feeding tube was implemented on 5/14/24 by the DON/designee to include measures to care for the enteral tube and resident needs. Resident B did have treatment orders for GT stoma, however, the order was written without it flowing to the eTAR to allow for documentation. The physician and responsible party was notified on Resident B that the active treatment orders for enteral feeding site stoma care treatment orders were put into the electronic medical record, but not correctly designated to the eTAR to require the order to be signed off once tx has been completed. Resident B did not experience a negative outcome. The DON/designee revised the order to require the treatment order to be signed off once completed on 5/14/24.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents who have enteral feeding tubes have the potential to be affected. DON/designee will review the</p> | |

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| | <p>Resident B's nurse's progress notes included no documentation in May 2024 that the resident had refused physician orders related to his enteral feedings.</p> <p>During an interview on 5/14/24 at 10:05 A.M., RN 3 indicated that Resident B's enteral feeding should be turned on daily at 1:00 P.M.</p> <p>During an observation on 5/14/24 at 1:04 P.M., Resident B was lying in bed. An enteral feeding tube pump and pole was next to the resident's bed, not running.</p> <p>During an observation on 5/14/24 at 2:10 P.M. Resident B was in the therapy department. The resident was not hooked up to an enteral feeding pump.</p> <p>During an interview on 5/14/24 at 2:15 P.M., RN 3 indicated that the resident was not receiving the ordered enteral feeding at that time due to not being able to find a bag to hold the ordered Glucerna feeding. RN 3 indicated that if Resident B refused ordered enteral feeding, the nurse should document the refusal.</p> <p>On 5/14/24 at 2:30 P.M., the Facility Administrator supplied a facility policy titled Care Plans, Comprehensive Person-Centered, dated 09/2022. The policy included, "a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident... 12. The comprehensive, person-centered care plan is to be completed within 21 days from admission to the facility..." The facility administrator also supplied a facility</p> | | | <p>care plans of current residents who have enteral feeding tubes and will ensure an appropriate plan of care is in place.</p> <p>All residents who have treatment orders to a enteral feeding stoma site have the potential to be affected.</p> <p>DON/designee will review the orders of current residents who have an enteral feeding tube to ensure that enteral feeding stoma site orders have been designated to the eTAR correctly and are being signed off.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The DON/designee will provide education to MDS on the requirement that a plan of care is in place for residents with enteral feeding tubes.</p> <p>The DON/designee will review the care plans of newly admitted and newly acquired enteral feeding tubes and will ensure a care plan has been implemented within 48 hours of admission/acquiring the feeding tube as noted below.</p> <p>The DON/designee will provide education to licensed nursing staff on the requirement that the treatment orders for enteral feeding stoma site care has been designated to the eTAR to be signed off after care has</p> |

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| | <p>policy titled Gastrostomy/Jejunostomy Site Care, dated 10/2011. The policy included, "The purposes of this procedure are to promote cleanliness and to protect the gastrostomy... site from irritation, breakdown and infection. Preparation 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan and provide for any special needs of the resident..."</p> <p>This citation relates to complaint IN00434111.</p> <p>3.1-35(a) 3.1-35(g)(2)</p> | | | <p>been provided.</p> <p>The DON/designee will review the tx orders of newly admitted/newly acquired enteral feeding tubes to ensure that treatment orders to the stoma site have been designated to the eTAR to be signed off after the treatment has been completed. Any findings will be addressed.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DON designee will complete auditing of the care plans of newly admitted/newly acquired enteral feeding tubes and will ensure a care plan has been implemented within 48 hours of admission/acquiring the feeding tube. Auditing to occur: all newly acquired enteral feeding tube treatment orders weekly x's 6 months of monitoring. The results of these reviews will be immediately reported if concerns exist and will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter once full compliance has been achieved for a total of 6 months of monitoring. Re-education, frequency and/or duration of reviews will be increased as needed, if areas of</p> |

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| | | | | <p>noncompliance are identified through the interview process.</p> <p>The DON designee will complete auditing of the orders of newly admitted/newly acquired enteral feeding tubes to ensure that treatment orders to the stoma site have been designated to the eTAR to be signed off after the treatment has been completed. Auditing to occur: all newly acquired enteral feeding tube treatment orders weekly x's 6 months of monitoring. The results of these reviews will be immediately reported if concerns exist and will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter once full compliance has been achieved for a total of 6 months of monitoring. Re-education, frequency and/or duration of reviews will be increased as needed, if areas of noncompliance are identified through the interview process.</p> <p>Compliance Date: <u>5-30-24</u> The Administrator at Riverbend Nursing and Rehabilitation Center is responsible for ensuring compliance of this plan of correction.</p> |

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