

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

PRINTED: 06/30/2025

FORM APPROVED

OMB NO. 0938-039

|   |   |   |  |  |   |  |                            |
|---|---|---|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155631 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                             |   | X3) DATE SURVEY<br>COMPLETED<br>06/02/2025 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>WHITE RIVER LODGE |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>3710 KENNY SIMPSON LN<br>BEDFORD, IN 47421 |   |  |                            |
| (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 |
| F 0000<br><br>Bldg. 00                                | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 27, 28, 29, 30, and June 2, 2025</p> <p>Facility number: 001153<br/>Provider number: 155631<br/>AIM number: 200155900</p> <p>Census Bed Type:<br/>SNF/NF: 39<br/>Total: 39</p> <p>Census Payor Type:<br/>Medicare: 1<br/>Medicaid: 32<br/>Other: 6<br/>Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 5, 2025.</p> |   |  | F 0000   |   |  |                            |
| F 0761<br>SS=D<br>Bldg. 00                            | <p>483.45(g)(h)(1)(2)<br/>Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review, the facility failed to label and discard medications for 1 of 1 medication rooms observed. (Resident 24, Resident 12, Resident 13)</p> <p>Findings include:</p> <p>On 6/2/25 at 11:55 a.m., in the refrigerator of the medication room the following was observed.</p>   |   |  | F 0761   | <p>POC 761<br/>Resident 12's liquid omeprazole was discarded on 6/2/25. Resident 12 and 24's Ozempic in refrigerator was discarded, and new ordered from pharmacy. Any resident who has refrigerated medications have the potential to be affected. Nurses were educated on removing medications from</p> |  | 06/13/2025                 |

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

TITLE

(X6) DATE

Tangie Jenkins

RN, BSN, HFA Administrator

06/26/2025

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 disclosable 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>- Two Ozempic injector pens (an injectable medication used to treat type 2 diabetes, which is a condition that occurs when the body doesn't produce enough insulin), for Resident 24 and Resident 12, were not dated with an open date and/or an expiration date. Resident 24's Ozempic pen had a date of 4/25/25 written on the box. The Director of Nursing (DON) verified there was only one date and could not specify if this was an open or expiration date. Resident 12's Ozempic pen had no date written on the box or pen. The DON verified there was no date on the medication. The DON indicated every medication that was open should have an opened date and an expiration date on the vial or the pen. The DON indicated that Ozempic pens should be discarded 56 days after first use.</p> <p>- A bottle of liquid Omeprazole (a medication used to treat frequent heartburn), for Resident 13, was observed with an expiration date of 5/20/25. The DON verified the date written on the bottle and indicated the medication should have been discarded on 5/20/25. The DON indicated this medication had been discontinued on 5/12/25 and was not currently being administered to the resident.</p> <p>On 6/2/25 at 3:00 p.m., the Administrator provided the facility's policy on "Storage of Medications and Biologicals", dated 5/21/18, and indicated it was a current policy being used by the facility. A review of the policy indicated "...21. Disposal of medications should be completed for medications that are without secure closure, outdated..." The policy did not indicate how to label medications when they were opened. The Administrator indicated she could not find a policy regarding labeling of medications when they were opened.</p> |   |  |  | <p>refrigerator when discontinued, and to date all medications when opened.</p> <p>Education of nurses, reminder placed on refrigerator to date all medications when opened and remove any discontinued medications. The DON will audit the refrigerator for discontinued medications and opened dates for any medications that are opened weekly x 12 weeks. Findings will be reported to QAPI.</p> <p>Date 6/13/2025</p> |  |                            |

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| F 0880<br>SS=D<br>Bldg. 00                            | <p>3.1-25(j)<br/>3.1-25(o)</p> <p>483.80(a)(1)(2)(4)(e)(f)<br/>Infection Prevention &amp; Control</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 2 residents reviewed for urinary catheters. The urinary catheter tubing and drainage bag was touching the floor. (Resident 33)</p> <p>Findings include:</p> <p>On 5/27/25 at 11:03 a.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor and drainage bag on the floor.</p> <p>On 5/28/25 at 10:03 a.m., Resident 33 was observed to be resting in a recliner with the urinary catheter tubing on the floor.</p> <p>On 5/28/25 at 2:05 p.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor.</p> <p>On 5/29/25 at 1:44 p.m., Resident 33 was observed to be resting in a low bed with the urinary catheter tubing on the floor.</p> <p>On 6/2/25 at 12:06 p.m., Resident 33 was observed to be sitting in a recliner with the urinary catheter tubing on the floor.</p> <p>On 5/29/25 at 11:42 a.m., Resident 33's clinical record was reviewed. The diagnoses included, but were not limited to, diabetes mellitus, cerebral infarction (stroke), and neurogenic bladder (condition where the nerves controlling the</p> |   |  | F 0880   | <p>POC 880</p> <p>A hanging basket was placed on Resident 33's bed frame to keep catheter tubing and bag from touching the floor. Staff education was provided on the placement and use of basket to keep the bag and tubing from touching the floor. Nurses are to be checking the bag and tubing to ensure in basket every shift, and sign off on Resident 33's treatment record indicating compliance. Any resident with a catheters and low beds have the potential to be affected. All residents with catheters have been assessed for the need of hanging basket to hold catheter bag and tubing to keep it from touching the floor. Nurses are to be checking the bag and tubing to ensure not touching the floor for every resident with a catheter every shift, and sign off on their treatment record indicating compliance. Random audits will be conducted 3 times per week for 4 weeks to ensure compliance.</p> <p>Date 6/13/2025</p> |  | 06/13/2025                 |

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|   | <p>bladder are damaged).</p> <p>Resident 33's physician order, dated 2/22/25, indicated to change indwelling 14 fr (French) (size of catheter) catheter once a month.</p> <p>The care plan, dated 4/9/25, indicated Resident 33 had urinary retention related to chronic kidney disease. The care plan lacked documentation on placement of the catheter tubing while in the bed or recliner.</p> <p>During an interview on 6/2/25 at 12:35 p.m., CNA 1 indicated at times, Resident 33's urinary catheter tubing was on the floor. The catheter tubing was not to be on the floor.</p> <p>On 6/2/25 at 3:00 p.m., the Administrator provided the facility's policy, "Catheter Management," revised date 4/25, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...j. collecting bags should always be kept below the level of the bladder, and not resting on the floor..."</p> <p>3.1-18(b)(1)</p> |   |  |   |  |  |                            |