This visit was for the Investigation of Complaints IN00298277, IN00291229, and IN00291421.

Complaint IN00298277 - Substantiated. State Residential Finding related to the allegations is cited at R0144.

Complaint IN00291229 - Substantiated. State Residential Finding related to the allegations is cited at R0144.

Complaint IN00291421 - Substantiated. No deficiencies related to the allegations are cited.

Unrelated deficiency cited at R0117.

Survey date: June 23, 24, and 25, 2019

Facility number: 012007

Residential Census: 94

These State Residential Findings are cited in accordance with 410 IAC 16.2-5.

Quality review completed on July 2, 2019

"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of (River Crossing) as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community.

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 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.
<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX</th>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>R 0117</td>
<td>Bldg. 00</td>
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<td>410 IAC 16.2-5-1.4(b)</td>
<td></td>
<td>1. The Wellness Director will ensure that all shifts have at least 1 staff member certified with CPR and First Aid.</td>
<td>07/31/2019</td>
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<td>Personnel - Deficiency</td>
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<td>2. The Community reviewed each resident’s record to determine which residents, if any, could be affected by the alleged deficient practice.</td>
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(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.

Based on record review and interview, the facility failed to ensure there was 1 staff member who was First Aid Certified on duty at all times for 7 of 14 days reviewed. This deficient practice had the potential to affect 94 of 94 Residential Residents currently residing in the facility.

Findings include:

Review of the Facility Staff As-Worked schedule, dated from 6/10/19 to 6/23/19, indicated the
facility had no personnel who were First Aid certified on the following days and shift:
- 6/12/18 = night shift
- 6/13/19 = night shift
- 6/14/19 = night shift
- 6/17/19 = night shift
- 6/18/19 = night shift
- 6/22/19 = night shift
- 6/23/19 = night shift

During an interview on 6/25/19 at 11:10 a.m., the Director of Nursing (DON) indicated the facility had been using some agency staff to complete the schedule. She was unsure if the agency staff were First Aid certified and would look for the information.

During an interview on 6/25/19 at 1:12 p.m., the Director of Nursing indicated she did not have any documents to indicate the facility staff or agency staff, that had worked on 6/12, 6/13, 6/14, 6/17, 6/18, 6/22, and 6/23/19 night shifts, were First Aid certified.

### Summary of Deficiency

#### R 0144

**Bldg. 00**

**410 IAC 16.2-5-1.5(a)**

Sanitation and Safety Standards - Deficiency

(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.

Based on observation, interview, and record review, the facility failed to ensure residents' environment was sanitary and clean related to, odors, mold, carpeting, and linens. This deficient practice affected 4 of 8 residents reviewed. (Residents B, D, C, and F)

Findings include:

1. The Community is working to resolve the odor and dark stains on the floor in Resident B. In addition, the Community removed and washed the residents clothing and linens.

The Community is working with a professional third-party vendor to deep clean the floor to resolve the...
An initial observation tour was conducted on 6/23/19 at 11:48 p.m. to 6/24/19 at 1:56 a.m. There was multiple foul odors in the hallway by resident rooms.

1. An observation, on 6/25/19 at 11:43 a.m., indicated there was a foul odor in the hallway by Resident B's room. Upon entering the room the foul odor increased by the resident's chair. There were dark stains on the floor of the resident's room by the bed and door. The resident had soiled laundry piled up in the corner of the room and on the floor of his closet. The resident had a wound dressing to his right lower leg. The dressing was clean and intact.

During an interview, on 6/25/19 at 11:44 a.m., Resident B indicated that the staff do his laundry. The laundry piles up and in the past he had ran out of bed sheets and had to sleep on his bed without any sheets.

During an interview, on 6/25/19 at 11:31 a.m., Home Health Aide 1 indicated Resident B has ran out of clothing and bed sheets. The resident only had two sets of bed sheets. His laundry was to be done once a week or as needed.

Clinical record review, on 6/24/19 at 11:18 a.m., indicated Resident B's diagnoses included, but were not limited to, Dementia, Parkinson's, muscle weakness, anxiety, and Diabetes. Review of the resident's current service plan, provided by the Executive Director (ED), indicated the resident required extensive incontinence checks during the waking or nighttime hours.

2. An observation, on 6/24/19 at 10:53 a.m., indicated there was a foul odor in the hallway by Resident D's room. Upon entering the room the odor and dark stains on the floor in Resident D.

The Community will replace the flooring in Resident F room.

The Community is working with a third-party vendor to resolve the mold issue in Resident C bathroom.

2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice.

3. Maintenance Director or designee will audit all apartments for repairs, stains and mold. A checklist will be utilized by the Housekeeping Department to ensure that all repairs, stains and mold, have been reported. The Maintenance Director will receive a copy and ensure that repairs are completed.

4. The Executive Director or designee will audit 3 apartments on each hall per week for 3 months to ensure that repairs are being reported and completed.

5. Systemic change: July 31, 2019
foul odor increased. There were large black stains along the length of the resident's bed and throughout the room.

During an interview on 6/25/19 at 12:22 p.m., Resident D indicated the stains on his floor have been there for a long time.

3. During an observation and interview with the Director of Nursing (DON) on 6/24/19 at 2:48 p.m., Resident F's room was observed. The floor of the room was covered with large black and dark brown stains. The stains on the floor covered the majority of the carpeting with the original color of the flooring hard to determine. There was a very strong foul odor. The odor was strong and it burnt the nose and eyes. The DON indicated Resident F had recently passed away and the room had not been cleaned. The stains on the floor have been there for a long time. The resident was incontinent, and the odors and stains appear to have been from his incontinence.

4. During an interview on 6/24/19 at 10:03 a.m., Maintenance Director indicated the black mold in Resident C's bathroom has been there for the last week since the leak on the roof area.

During an interview on 6/24/19 at 10:19 a.m., Housekeeper 1 indicated the mold in Resident C's bathroom was cleaned with bleach today. The mold has been there for a couple of weeks.

During an interview on 6/24/19 at 10:24 a.m., Resident C indicated the staff had just cleaned her bathroom ceiling that morning. There was mold in her bathroom before the leak with the ceiling. The staff had tried to wipe off the mold for weeks, but the mold just kept coming back.
An observation, on 6/24/19 at 10:22 a.m., indicated Resident C’s bathroom had multiple faint black spots throughout the ceiling and the top area around the bathroom. Above the door inside the bathroom were darker black spots.

The current "Resident Unit Cleaning" policy was provided by the Executive Director (ED) on 6/25/19 at 12:07 p.m. The policy indicated Housekeeping services were typically provided on a weekly basis to Residents and included the following: weekly cleaning of bathroom, weekly change of linens/making of bed, and additional services often requested/needed included: daily bed changing and or making, incontinence cleaning, and trash pick-up. "...Apart from weekly scheduled cleaning, most additional service can be incorporated into the existing daily personal service routine...When performing housekeeping tasks in a Resident unit, be alert to possible changes in the status of the Resident. The time required to clean a unit provides an excellent opportunity to observe subtle changes that might otherwise go undetected. For example, it would be important to notice:...an increased amount of dried urine on the bathroom floor...The ED should then update the Resident's Negotiated Service Plan with the new information."