

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2024
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NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 1244 VAIL ST PRINCETON, IN 47670
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00434456.</p> <p>Complaint IN00434456 - Federal/State deficiencies related to allegations are cited at F677 and F725.</p> <p>Survey dates: May 16 & 17, 2024</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Census Bed Type: SNF: 21 SNF/NF: 36 Residential: 32 Total: 89</p> <p>Census Payor Type: Medicare: 15 Medicaid: 25 Other: 17 Total: 57</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 22, 2024.</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by River Oaks Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, or living environment provided to the residents of River Oaks Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Survey conducted May 16 and 17th, 2024. The facility respectfully requests from the department a desk review for substantial compliance.</p>	
F 0677 SS=E Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Based on observation, interview, and record</p>	F 0677	<p>1. Residents F, G, H and J</p>	06/18/2024

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 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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	<p>review, the facility failed to provide assistance with bathing and oral hygiene for 4 of 7 residents reviewed for activities of daily living (ADLs). Residents did not receive a complete bed bath, shower, and/or daily oral hygiene according to the plan of care and residents preferences. (Resident F, Resident G, Resident H, Resident J)</p> <p>Findings include:</p> <p>1. During an observation on 5/16/24 at 10:20 A.M., Resident F was sitting up in his room, dressed, with his hair combed back. His hair appeared to be oily.</p> <p>During record review on 5/16/24 at 11:00 A.M., Resident F's diagnoses included, but were not limited to, heart failure, kidney failure, reduced mobility, and weakness.</p> <p>Resident F's most recent Admission MDS (Minimum Data Set) assessment, dated 5/8/24, indicated that the resident had moderate cognitive impairment, required an assistive device including a walker or wheelchair for mobility, was dependent for oral hygiene and bathing.</p> <p>Resident F's care plan included, but was not limited to, showers on Wednesdays and Saturdays (first shift) (initiated 5/1/24), Resident has potential for mouth pain due to: natural teeth - offer and provide mouth care as needed (initiated 5/3/24).</p> <p>Resident F's documented bathing and provided mouth care reviewed from the admission date of 5/1/24 through 5/16/25 included no documented showers or complete bed baths and no documentation of daily mouth care.</p>		<p>suffered no ill effects from the alleged deficient practice. Residents assessed and monitored for adverse effects with no findings. All residents were immediately offered showers and oral care was provided. Nursing department staff were immediately educated on resident personal care preferences and the process for documenting personal care.</p> <p>2. All residents have the potential to be affected. Nursing staff by the Director of Health services (DHS) on resident bathing schedules, resident preferences and oral care completion/documentation. Nursing leaders will complete resident interviews and visual observations of residents' hygiene during daily rounds to ensure that bathing and oral care is being provided per policy and preference. Shower sheets will be reviewed in Clinical care meeting per DHS/nursing leadership to identify any trends or concerns.</p> <p>3. As a measure of ongoing compliance, the DHS, or designee, will complete an interview with observation of 5 residents to ensure that hygiene is satisfactory and personal care is provided per resident preferences 3 x per week for 4 weeks, then 2 x</p>	

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	<p>2. During record review on 5/16/24 at 12:00 P.M., Resident G's diagnoses included, but were not limited to, pulmonary disease, obesity, and obstructive and reflux uropathy.</p> <p>Resident G's most recent Admission MDS assessment, dated 5/9/24, indicated that the resident had severe cognitive impairment and was dependent for oral hygiene, toileting, and bathing.</p> <p>Resident G's care plan included, but was not limited to, showers on Wednesdays and Saturdays (second shift) (initiated 5/6/24), Resident has potential for mouth pain due to: wears upper dentures - offer and provide mouth care as needed (initiated 5/6/24).</p> <p>Resident G's documented bathing and provided mouth care reviewed from the admission date of 5/4/24 through 5/10/25 (discharge date) included no documented showers or complete bed baths and no documentation of daily mouth care.</p> <p>3. During record review on 5/17/24 at 10:30 A.M., Resident H's diagnoses included, but were not limited to, neurocognitive disorder, dementia, altered mental status, polyneuropathy, and repeated falls.</p> <p>Resident H's most recent Admission MDS assessment, dated 4/23/24, indicated that the resident had severe cognitive impairment, used a walker or wheelchair for mobility and was dependent for oral hygiene and bathing.</p> <p>Resident H's care plan included, but was not limited to, showers on Wednesdays and Saturdays (second shift), Resident has potential for mouth pain - offer and provide mouth care as needed.</p>		<p>weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months</p> <p>As a measure of ongoing compliance, the DHS or designee will complete interview with observation of 5 residents to ensure oral care is provided and documented 3 x per week for 4 weeks, then 2 x weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months.</p> <p>As a measure of ongoing compliance, the DHS or designee will complete interview with observation of 5 residents to ensure that showers are completed per resident preference 3 x per week for 4 weeks, then 2 x weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>	

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	<p>Resident H's documented bathing and provided mouth care reviewed from the admission date of 4/20/24 through 5/16/24 included showers on 4/22/24, 4/27/24, and 5/9/24. No documentation of daily mouth care was found in Resident G's record.</p> <p>4. During an observation and interview on 5/17/24 at 12:09 P.M., Resident J was sitting up in her room dressed. Resident J's hair appeared to be uncombed. Resident J indicated that she required assistance from staff to stand up and to bathe and that she is not provided at least two showers or complete bed baths per week.</p> <p>During record review on 5/17/24 at 12:30 P.M., Resident J's diagnoses included, but were not limited to, acute kidney failure, heart failure, diabetes, and chronic pain.</p> <p>Resident J's most recent Admission MDS assessment, dated 4/30/24, indicated that the resident had no cognitive impairment, used a walker or wheelchair for mobility, and was dependent for bathing.</p> <p>Resident J's care plan included, but was not limited to, showers on Mondays and Thursdays (second shift).</p> <p>Resident J's documented bathing reviewed from 4/23/24 through 5/16/24 included one shower on 4/30/24.</p> <p>5. During a review of the facility's grievance log on 5/16/24 at 11:45 A.M., the following grievances were made:</p> <p>- On 3/29/24 - "[Resident] having issues with</p>		Completion Date: 6/18/24	

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	<p>nursing not coming to help her with showers and toileting in a reasonable amount of time..."</p> <p>- On 4/9/24 - "[Resident] is very tearful. Had shower today but was not offered her razor to shave and has facial hair."</p> <p>- On 4/21/24 - "...[Resident] is only being [sic] receiving his showers per his requests."</p> <p>- On 5/5/24 - "States that [Resident] is not getting showers. Wants showers on (Monday/Thursday) evenings.</p> <p>During an interview on 5/16/24 at 9:25 P.M., CNA 4 indicated that staff are not always able to provide a complete bed bath or shower in the evenings on a resident's scheduled shower day due to being short-staffed.</p> <p>During an interview on 5/17/24 at 11:40 A.M., RN 5 indicated that staff should document provided oral care in the point of care charting system.</p> <p>On 5/17/24 at 3:20 P.M., the Administrator supplied a facility policy titled, Guidelines for Bathing Preference, dated 12/31/22. The policy included, "...4. Bathing shall occur at least twice a week unless resident preference states otherwise."</p> <p>On 5/17/24 at 3:45 P.M., the Administrator supplied a facility policy titled, Nursing ADL Documentation Guidelines, dated 12/31/23. The policy included, "...2. ADL services will be conducted and documented by the CNA each shift at the 'point of care' or as reasonably possible after care..."</p> <p>This citation relates to Complaint IN00434456.</p> <p>3.1-38(b)(1) 3.1-38(b)(2)</p>			

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F 0725 SS=E Bldg. 00	<p>483.35(a)(1)(2) Sufficient Nursing Staff</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient nursing staff was provided to maintain residents quality of life and to ensure residents' activities of daily living (ADL's) were completed for 2 of 2 days during the survey.</p> <p>Findings include:</p> <p>On 5/16/24 at 10:00 a.m., the Facility Census Form indicated there were 57 residents residing on the health center.</p> <p>1. During the survey from 5/16/24 through 5/17/24, the following interviews were conducted.</p> <ul style="list-style-type: none"> - The staff could use more help. - Call lights take a long time to be answered and it was frustrating. - Waiting 20 minutes for call lights to be answered. - The facility is short staffed. - It was difficult to complete tasks for residents due to staffing. - She needed staff assistance to stand up out of her chair and that staff hardly answered her call light at all. She may have to wait up to an hour or hour and a half to have a call light answered. One night shift she turned her light on at 2:45 A.M. and staff didn't come until 5:00 A.M. Staff had told her when answering her light that they only had two CNA's for 50 people. She didn't receive her 	F 0725	<p>1. No residents suffered no ill effects from the alleged deficient practice. Rounds were immediately completed center by of Health Services (DHS), Clinical Support and Executive Director to ensure all call lights were . Residents were interviewed for concerns related to staffing and care provided with concerns logged if indicated.</p> <p>2. All residents have the potential to be affected. Daily staffing sheets and call light wait times reviewed with new daily assignment sheet created for improved delegation of staff assignments. Nursing staff educated related to new staffing assignment sheets, daily staffing expectations and Guidelines for answering call lights timely. Open positions and recruiting efforts will be reviewed weekly during Engagement Meeting to ensure employee retention, hiring efforts and new hire training are in place to meet the needs of the campus. All non-clinical staff educated related to answering call lights and completion of tasks that do not require clinical staff to meet resident needs.</p>	06/18/2024	

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	<p>showers. Sometimes the supper trays are still in the resident room in the morning.</p> <p>2. During a review of the facility's grievance log on 5/16/24 at 11:45 A.M., the following grievances were made:</p> <ul style="list-style-type: none"> - On 3/27/24 - Angry about call light/waiting. - On 3/27/24 - Upset about call light/waiting, waiting for an extended period of time. - On 4/2/24 - Upset about call light/waiting, stated she had a long wait time for call light during evening supper time hours. - On 4/4/24 - Upset about call light/waiting - Resident stated that on Monday night she had to wait too long for staff to answer the call light. When they finally came, she was wet from urine. She was continent but when she had to wait and just needed stand by assist to ambulate to the bathroom, she had an accident. - On 4/2/24 - Angry about call light/waiting - CNA staff left the floor. - On 4/4/24 - Upset about call light/waiting - light was not answered timely on evening shift. - On 4/9/24 - Angry about call light/waiting. - On 4/21/24 - Upset about call light/waiting. - On 4/21/24 - Upset about not having enough help. - On 4/21/24 - Upset about not having enough staff. - On 4/23/24 - Upset about call light/waiting - Resident had to wait long time on someone to answer light for assistance with using restroom. - On 5/3/24 - Upset about call light/waiting - Resident ended up toileting self because no one answered the call light. - On 5/3/24 - Concerned about call light/waiting - Had issues over the weekend with call light not being answered. <p>On 5/16/24 at 8:50 P.M., two licensed nursing staff</p>		<p>3. As a measure of ongoing compliance, the DHS/designee, will complete an audit of new daily assignment sheets and staffing hours to ensure adequate delegation of assignment duties 5 x per week for 4 weeks, then 2 x weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months.</p> <p>The ED will observe call light waiting times and interview 5 residents to ensure needs are being met during focused rounding during peak time hours 5 x per week for 4 weeks, then 2 x weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months.</p> <p>Audit responses, observations and staff/resident feedback will be reviewed in clinical staffing meeting with Executive Director, Director of Health Services, Employee Experience Manager, and Scheduling Coordinator 5 x per week for 4 weeks, then 2 x weekly for 4 weeks, then weekly for 4 weeks, then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any</p>	

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	<p>and three CNAs were working on the 100, 200, and 300 halls. A stack of resident meal trays were on the nursing station desk between the 100 and 200 halls containing dirty dishes and food scraps left over from supper that evening.</p> <p>On 5/16/24 at 8:55 P.M., the 300 hall was observed to have a nurse passing medications from a medication cart and no CNA was observed. A push cart was left in the hall containing three left over supper trays with dirty dishes and food scraps. Rooms 313, 317, 318, 322, and 323 had call lights on.</p> <p>On 5/16/24 at 9:00 P.M., Resident B was observed lying in bed with a bed side table extended out over her lap with a dirty dishes and a plate of leftovers resting on the table. Resident B indicated the plate was from the supper meal.</p> <p>On 5/16/24 at 9:03 P.M., Room 315 turned their call light on. At 9:04 P.M., CNA 4 was observed on the 300 hall and entered Room 318. At 9:14 P.M., CNA 4 was observed to enter Room 313. Call lights in Rooms 315, 317, 322, and 323 were still on.</p> <p>On 5/16/24 at 9:25 P.M., CNA 4 indicated that most evening shifts are scheduled with one CNA per hall and two nurses. CNA 4 indicated the goal was to have two CNAs per hall. CNA 4 indicated that the 200 hall had several resident that required an assist of two staff with mechanical lifts for transfers and that she had just came from helping on the 200 hall when she saw the residents lights on the 300 hall.</p> <p>3. On 5/17/24 at 2:30 P.M., a review of the facility's list of residents requiring two assist or greater for transfers indicated that 8 of 24 residents on the</p>		<p>findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p> <p>Completion Date: 6/18/24</p>	

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	<p>100 hall needed 2 assist, 7 of 15 residents on the 200 hall required 2 assist, and 4 of 18 resident required 2 assist on the 300 hall.</p> <p>4. On 5/17/24 at 3:15 P.M., during a review of daily posted staffing from 5/5/24 through 5/15/24 included the following staffing patterns: (Licensed nursing staff worked 12 hour shifts) 5/5/24 - Day shift - 3 licensed nursing staff, 6 nurse aides Evening shift - 3 nurse aides Night shift - 1 licensed nursing staff, 2 nurse aides 5/6/24 - Day shift - 1 licensed nursing staff, 8 nurse aides Evening shift - 4 nurse aides Night shift - 1 licensed nursing staff, 4 nurse aides 5/7/24 - Day shift - 3 licensed nursing staff, 10 nurse aides Evening shift - 4 nurse aides Night shift - 1 licensed nursing staff, 3 nurse aides 5/8/24 - Day shift - 4 licensed nursing staff, 11 nurse aides Evening shift - 4 nurse aides Night shift - 3 licensed nursing staff, 3 nurse aides 5/9/24 - Day shift - 3 licensed nursing staff, 12 nurse aides Evening shift - 6 nurse aides Night shift - 2 licensed nursing staff, 5 nurse aides 5/10/24 - Day shift - 2 licensed nursing staff, 9 nurse aides Evening shift - 7 nurse aides Night shift - 1 licensed nursing staff, 2 nurse aides 5/11/24 - Day shift - 3 licensed nursing staff, 10 nurse aides Evening shift - 2 nurse aides Night shift - 1 licensed nursing staff, 3 nurse aides 5/12/24 - Day shift - 3 licensed nursing staff, 11 nurse aides Evening shift - 2 nurse aides Night shift - 1 licensed nursing staff, 3 nurse aides</p>			

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	<p>5/13/24 - Day shift - 3 licensed nursing staff, 9 nurse aides Evening shift - 5 nurse aides Night shift - 2 licensed nursing staff, 3 nurse aides</p> <p>5/14/24 - Day shift - 4.5 licensed nursing staff, 9 nurse aides Evening shift - 7 nurse aides Night shift - 2 licensed nursing staff, 3 nurse aides</p> <p>5/15/24 - Day shift - 4 licensed nursing staff, 9 nurse aides Evening shift - 7 nurse aides Night shift - 1 licensed nursing staff, 2 nurse aides</p> <p>5. The lack of sufficient nursing staff resulted in the lack of ADL services provided including bathing and oral care.</p> <p>Cross reference F677.</p> <p>On 5/17/23 at 3:45 P.M., the Administrator supplied a facility policy titled, Scheduling Standards Policy, dated 1/2024. The policy included, "Each schedule should be developed and planned to ensure adequate staffing levels to meet resident needs, to manage staff efficiently, to align the schedule with a census adjusted staffing budget, and to improve employee engagement and retention... Schedules should be developed in a manner that promotes efficient staffing in each Health Campus area for all shifts, weekdays, and weekends..."</p> <p>This citation relates to Complaint IN00434456.</p> <p>3.1-17(a)</p>			