

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2025
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NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP COD 904 E 11TH ST RUSHVILLE, IN 46173
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 7, 8, 9, and 10, 2025</p> <p>Facility number: 001126 Provider number: 155630 AIM number: 200011300</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census payor type: Medicare: 5 Medicaid: 24 Other: 4 Total: 33</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 11, 2025.</p>	F 0000		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident had compression stockings on as ordered for 1 of 1 resident reviewed for edema. (Resident 9)</p> <p>Findings include:</p> <p>The clinical record for Resident 9 was reviewed on 4/8/25 at 11:45 a.m. The diagnoses included, but</p>	F 0684	Preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared solely because the provisions of law	04/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chad Smyth	RDO	04/25/2025

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 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>were not limited to, osteoarthritis and diabetes mellitus.</p> <p>During an observation and interview on 4/8/25 at 9:48 a.m., Resident 9 was fully dressed for the day and indicated she did not have her TED (Thrombo-Embolic Deterrent) hose on.</p> <p>During an interview with Resident 9 on 4/8/25 at 10:36 a.m., she indicated the facility staff had taken her TED hose to be washed the day before and they have not brought them back.</p> <p>During an observation and interview on 4/9/25 at 10:49 a.m., Resident 9 did not have her TED hose on. She indicated that staff have not brought them back to her after being washed.</p> <p>Resident 9 had a physician's order, dated 3/6/23, that indicated to apply TED hose to both lower extremities (for edema) daily, on in the morning and off in the evening.</p> <p>Resident 9's Treatment Administration Record (TAR) was reviewed on 4/9/25 at 11:30 a.m. The TAR indicated Resident 9 had TED hose applied in the morning, on 4/8/25, and removed, on 4/8/25, in the evening. The TAR also indicated Resident 9 had TED hose applied in the morning of 4/9/25.</p> <p>A care plan for Resident 9, dated 10/26/23, indicated to apply TED hose in the morning and remove in the evening/bedtime.</p> <p>During an interview with the Director of Nursing (DON) on 4/9/25 at 1:50 p.m., she indicated nursing was responsible for making sure Resident 9's TED hose were on.</p> <p>A "Medication/Treatment Administration Error</p>		<p>require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity to render adequate care. The statement of deficiencies has been taken to the facilities Quality Assurance/Assessment Committee.</p> <p>The facility respectfully requests paper compliance.</p> <p>The facility does ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>The resident did not have adverse effect related to this alleged deficient practice. The nurse who documented on the TAR that the TED hose were in place was counseled. An audit of all others wearing TED hose did not identify any concerns. All licensed nursing staff were inserviced by April 14, 2025 regarding the "Medication/Treatment Administration Error Policy". The Director of Nursing or designee will observe the residents with TED hose and audit the TAR daily for 2 weeks, then twice weekly for three months. Any adverse findings will</p>	

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

PRINTED: 04/29/2025
FORM APPROVED
OMB NO. 0938-039

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	Policy" was provided by the Nurse Consultant on 4/10/25 at 10:11 a.m. The policy indicated "...1. A facility medication/treatment error occurs when...n. Failure to complete a medically related procedure/treatment as ordered by the physician..." 3.1-37(a)		be reported to the facility QAPI committee.		