STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIVERWALK COMMUNITIES	401 S.E. 6TH STREET EVANSVILLE, IN 47713

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R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00397975, IN00397997, and IN00394464. Complaint IN00397975- Substantiated. State deficiencies related to the allegations are cited at R0052 and R0063. Complaint IN00397997- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00394464- Unsubstantiated due to lack of evidence. Survey dates: December 28, 29, 30, 2022 Facility number: 011274 Residential Census: 96 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 6, 2023.	R 0000		
R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on observation, interview, and record review, the facility failed to ensure resident safety from an accidental hazard inside the facility by not following facility smoking policy. A fire of	R 0052	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We	02/20/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Becky Ougel	Director of Nursing	01/30/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	resident's wheelchair occurred the morning of the survey, cigarette ashes were visible in a flowerpot during 2 of 2 observations during the survey. Resident G's wheelchair cushion caught fire outside the residents room, cigarette ashes were visible, staff quit reporting residents who were suspected of smoking in the building, and the smoking policy was not enforced. This had the potential of affecting 96 residents. (Resident G) Findings include: During interview with the Director of Nursing (DON) on 12/28/2022 at 11:30 A.M., fire broke out on the third floor in Resident G's power wheelchair and the fire alarm went off at approximately 12:46 A.M. Three staff responded immediately. One used a fire extinguisher on the fire and to clear the thick black smoke. Residents were relocated to first floor. During an observation on 12/28/22 at 12:50 P.M., on the 5th floor in the common area, there were cigarette ashes in a flowerpot that was sitting on the windowsill. At that time, the Assistant Director of Nursing (ADON) indicated residents had figured out where the cameras were located and the residents would smoke in that area so they did not get caught. At that time, the ADON indicated they were unaware of which residents were smoking in the building. On 12/29/22 at 8:30 A.M., the DON produced two written warnings the staff had given to Resident G for smoking in the building. The first warning, dated 11/5/2021, stated it was official notification that if the violation was repeated, the resident would receive a discharge notice. The resident signed the warning. The second notice, dated 1/19/2022, was the same form, including the		reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective February 20, 2023. R052: The corrective action taken immediately for the residents found to have been affected by the deficient practice is that investigation of all signs of cigarette smoke in or around common areas. Common areas were investigated by housekeeping staff for hot ash and cleaned of any cigarette butts/ashes. Area was free of cigarette butts or ash 12/30/2022 The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is a Department Head meeting was held 01/16/2022. This meeting included education related to Smoking Policy, Fire Plan, Compliment and Compliant policy, Eviction Process. Management staff attended: Administrator, Director of Nursing, Director of Clinical Compliance, Assistant Director of Nursing, Dietary supervisor, housekeeping supervisor, Community Resource Coordinator, Director of Adult Day Center, Controller, Life	

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	statement that the resident would be discharged if the smoking violation was repeated. The resident refused to sign the second notice. The facility did not discharge the resident. During an observation on 12/30/22 at 10:41 A.M., on the 5th floor in the common area, there were cigarette ashes in a flowerpot that was sitting on the windowsill. During an observation 12/30/22 at 10:56 A.M., a used cigarette butt was observed on the floor of elevator 6 (opposite end of hallway from front entrance). The cigarette butt was intact and round in shape (not stepped on). On 12/30/22 at 11:08 A.M., the same used cigarette butt was observed in elevator 6. At that time the Director of Clinical Compliance indicated when cigarette butts/ ashes were observed by staff, they should have notified housekeeping of the finding. She further indicated that an investigation would not be conducted. During an interview on 12/28/22 at 1:38 P.M., the DON indicated if residents were caught smoking in the facility, they received a verbal warning initially and if they were caught smoking again, they would receive a 30 day notice that indicated if they are caught again, they will be discharged. On 12/30/22 at 9:20 A.M., during interview with the Director of Compliance, she telephoned the nurse on duty and verified that Resident G's smoking materials were not kept at the nurses' station. When asked if room inspections were being done for residents suspected of smoking in their rooms according to their policy, she said no. During an interview on 12/30/22 at 3:20 P.M., the		Enrichment, Plant Operations Manager. Each Department Head assigned an area to inspect for fire safety and signs of smoking in building. Sixth floor common areas and resident rooms were inspected by Housekeeping Supervisor and team, 5th Floor common areas and resident rooms inspected by Director of Clinical Compliance and Assistant Director of Nursing, 4th floor inspections of common areas and resident room inspected by Plant Operations Manager and assistant, Dietary was inspected by Dietary Manager and team, 3rd floor inspections of common areas and resident rooms completed by Life Enrichment and Community Resource Coordinator, Adult day care inspections completed by Director of ADC. The measures that have been put into place to ensure deficient practice recur all staff educated on Smoking Policy and Fire plan. Town hall meeting scheduled January 25,2023 to reeducate residents on smoking policy and review Fire plan. Inspection assignments given to management staff daily inspections for 7days, then three times weekly for a 7days, twice weekly times 7days, weekly times 7days, then monthly inspection to ensure fire safety and inspection of rooms of residents identified as offenders of smoking policy and	

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	local Chief Fire Investigator indicated the firefighters had found the wheelchair parked in the hall. There was a pillow on the seat which had ignited and burned, and a portion of the seat bottom was also burned. The chair was not plugged into an electrical outlet and the fire investigator indicated the battery was not the cause of the fire. During an interview on 12/30/22 at 10:43 A.M., housekeeping 3 indicated residents were caught smoking in the facility smoking once a week and disposable cups were often found filled with cigarette butts in resident's rooms. At that time, she indicated that when a resident was caught, she notified the housekeeping supervisor of the smoking activity. During an interview on 12/30/22 at 10:51 A.M., the housekeeping supervisor indicated she received complaints from staff about residents smoking in their rooms often. She used to notify management of the received complaints during morning meeting. The morning meetings ended about 2 (two) months ago. She indicated that she did not notify anyone of the findings anymore due to nothing being done about the situation. On 12/28/22 at 2:00 P.M., a current smoking policy and procedure, revised 7/12/2021 was provided and indicated "smoking inside the facility is strictly prohibited...If a resident fails to comply with the Facility's smoking policy, the following will occur: The resident will be given a written citation. The resident's representative will be contacted. The resident may be required to keep their smoking materials in the nurse's station..." This residential tag relates to Complaint IN00397975.		fire safety.	

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R 0063 Bldg. 00	410 IAC 16.2-5-1.2(gg) Residents' Rights- Noncompliance (gg) Residents have the right to individual expression through retention of personal clothing and belongings as space permits unless to do so would infringe upon the rights of others or would create a health or safety hazard. Based on observation, interview and record review, the facility failed to prevent a resident from retaining smoking supplies in their room causing a health and safety issue to other residents for 1 of 1 resident whose personal equipment was involved in a fire. Resident G retained cigarettes and smoking supplies in her room after two violations of the facility's smoking policy. (Resident G) Findings include: During an interview on 12/28/22 at 11:30 A.M., the Director of Clinical Compliance (DCC) indicated a fire broke out in Resident G's power wheelchair, when a fire alarm went off at approximately 12:46 A.M. that morning. She indicated that three staff responded immediately. One used a fire extinguisher on the fire and to clear the thick black smoke, and the others began to evacuate ambulatory residents down the stairs to the first floor. The elevator was made inoperable by the fire alarm system. The DCC further indicated the local fire department responded by 12:57 A.M., completed the evacuation of the remaining residents from the third floor via the elevator, and extinguished the fire. Resident G was then sent to the hospital due to smoke inhalation. During an interview on 12/28/22 at 12:45 P.M., Resident K, who resided in a room near Resident	R 0063	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective February 20, 2023. R063 The corrective action taken for those residents found to have been affected by the deficient practice is smoking residents identified and smoking policy reviewed with each individual. Director of Nursing identified residents with history of incident of smoking in the building and encouraged those residents to keep smoking materials with nurse to prevent recurrence. The corrective action taken for other residents that have the potential to be affected by the same deficient practice is that a house wide audit has been completed on all residents	02/20/2023

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	G, indicated that he had previously seen Resident G smoking in her room. He indicated that when Resident G smoked in her room, she would push the power wheelchair up against the door from the inside so the staff could not enter. Resident K indicated he had talked to Resident G about it, talked to staff (DON, Activities Director, social worker, housekeeping supervisor, and the facility owner), and all said there was nothing they could do unless they caught Resident G smoking in her room with a cigarette in her hand. Resident K indicated smoke could be smelt when walking past Resident G's door, as well as smoke visible coming out from under the door. Resident K further indicated he was unaware of any efforts of staff to prevent Resident G from smoking in her room. During an interview on 12/29/22 at 11:14 A.M., Resident D, who resided in a room near Resident G, indicated he had previously seen Resident G smoking in her room. During an interview on 12/30/22 at 8:45 A.M., QMA (Qualified Medication Aide) 4 indicated that Resident G was in bed when the fire alarm went off that morning. On 12/29/22 at 8:45 A.M., Resident G's clinical records were reviewed. Diagnoses included, but were not limited to, mild cognitive impairment, severe pain, chronic obstructive pulmonary disease (COPD), and diabetes. An Evaluation for Residential Care form, dated 11/8/22, indicated Resident G was independent with mobility, transfer, eating, and required some physical assistance with dressing. Resident G's admission forms included the facility smoking policy when she entered the facility on 11/20/2019, and were signed by the resident. An		identified as smokers to ensure that any resident who chooses to smoke has a current smoking evaluation completed which identifies that the resident may safely smoke. Revision of the smoking policy and incident citations associated with policy completed by Director of Clinical Compliance. Revision of smoking policy includes notification that tampering with smoke detectors will be considered non-compliance. Revision of citation includes schedule for inspections after cited offense of smoking in room. The measures that have been put into place to ensure deficient practice does not recur is all staff presented with mandatory education related to smoking policy and fire safety. Schedule for smoking evaluations to be completed every six months added to UDA on Point Click Care. Director of Nursing will run reports prior to weekly QA meetings on Wednesday @ 10 am to ensure assessments are completed and any missed assessments are addressed immediately.	

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	admission smoking assessment was completed when the resident was admitted. The record lacked documentation of additional smoking assessments every 6 months. On 12/29/22 at 8:30 A.M., the DON provided 2 (two) written warnings the staff had given to Resident G for smoking in the building. The first warning, dated 11/5/2021, stated it was an official notification that if the violation was repeated, the resident would receive a discharge notice. The resident signed the warning. The second notice, dated 1/19/2022, was the same form, including the statement that the resident would be discharged if the smoking violation was repeated. The resident refused to sign the second notice. The facility did not discharge the resident at that time. During an interview on 12/30/22 at 9:20 A.M., the DCC telephoned the nurse on duty and verified that Resident G's smoking materials were not kept at the nurses' station. She further indicated room inspections were not being done for residents suspected of smoking in their rooms in accordance with the facility policy. During an interview on 12/30/22 at 3:20 P.M., the local fire department's chief fire investigator indicated that at the time of the fire, firefighters had found a wheelchair parked in the hall. There was a pillow on the seat which had ignited and burned, and a portion of the seat bottom was also burned. The chair was not plugged into an electrical outlet and the fire investigator indicated the battery was not the cause of the fire. On 12/28/22 at 2:00 P.M., the Assistant Director of Nursing (ADON) provided a current copy (revised 7/12/2021) of the facility's smoking policy, which specified that smoking was strictly prohibited in			

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	the building and may only occur in the designated smoking area outside the building. The smoking policy also indicated that residents who smoke would have a smoking assessment upon admission and every 6 months thereafter. The smoking policy also indicated that residents who failed to comply with the facility's smoking policy could be required to keep their smoking materials at the nurses' station and be subject to frequent room inspections. This residential tag relates to Complaint IN00397975.			