

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

PRINTED: 01/03/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155849	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2022
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NAME OF PROVIDER OR SUPPLIER RIVER TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 120 PRESBYTERIAN AVE MADISON, IN 47250
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the State Residential Licensure Survey and the Investigation of Complaint IN00387742.</p> <p>Complaint IN00387742 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey Dates: November 28, 29, 30, December 1, 2 and 5, 2022</p> <p>Facility Number: 013535 Provider Number: 155849 AIM number: 300018660</p> <p>Census Bed type: SNF/NF: 34 Residential: 20 Total: 54</p> <p>Census payor type: Medicare: 11 Medicaid: 18 Other: 5 Total: 34</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 12, 2022.</p>	F 0000		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rhonda Gibson	Executive Director	12/21/2022

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>assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper incontinence and catheter care was performed for 3 of 4 residents observed for bladder care. (Residents 3, 13, and 19)</p> <p>Findings include:</p> <p>1. During an observation on 12/2/22 at 1:32 p.m.,</p>	F 0690	Submission of this Plan of Correction does not indicate an admission by River Terrace Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of River Terrace Health Campus. This	12/23/2022

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	<p>for Resident 3, by CNA (Certified Nurse Aide) 4, she applied gloves and wettened the washcloths in the sink basin. The washcloths were placed on the headboard of the resident's bed. The resident's brief was unfastened, and he was rolled onto his right side. She obtained a wet washcloth and swiped the rectal area. She folded the washcloth, and with 3 swipes of the same area of the washcloth, cleaned the rectal area. She folded the washcloth and with 3 swipes of the same area of the washcloth, she cleaned the rectal area, pulling toward the scrotum. She obtained a clean washcloth and with 4 swipes, with the same area of the washcloth, she cleaned the rectal area again. The resident was rolled onto his back, and she obtained a clean washcloth. She cleaned the crease to the right side of the penis, folded the washcloth and cleaned the crease to the left side of the penis. She folded the washcloth and with 5 swipes, with the same area of the washcloth, she cleaned toward the tip of the penis, folded the washcloth and with 2 swipes, with the same area of the washcloth, cleaned down the right crease onto the scrotum.</p> <p>The clinical record for Resident 3 was reviewed on 12/2/22 at 2:33 p.m. The diagnoses included, but were not limited to, acute cystitis with hematuria, stage 3 chronic kidney disease, acute kidney failure, type 2 diabetes mellitus, benign prostatic hyperplasia with lower urinary tract symptoms, retention of urine, Parkinson's disease, and UTI (urinary tract infection).</p> <p>The 5 day scheduled, MDS (Minimum Data Set) assessment, dated 10/27/22, indicated the resident was moderately cognitively intact. The resident required extensive assistance of two staff with ADL's (Activities of Daily Living).</p>		<p>facility recognized 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 comprehensive health care facilities. Attached you will find our Plan of Correction for River Terrace Health Campus for our Annual survey ending on December 5, 2022. We initiated immediate interventions when concerns were identified on this date. Due to the low scope and severity of the tag, we respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact me at (812 )265-0080. Rhonda Gibson, Executive Director 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?Residents 3, 13, and 9 were assessed head to toe by a licensed nurse and had no adverse effects because of incontinence care/catheter care. Working staff members were in serviced immediately regarding proper peri care and incontinence care, as well as preparation for the procedure, with return demonstration. Proper peri care and catheter care was then performed on each resident above</p>	

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	<p>The care plan, dated 5/2/22 and last revised on 11/1/22, indicated the resident experienced episodes of incontinence. The interventions, dated 5/2/22, indicated to observe for signs and symptoms of a UTI and notify the MD as needed, offer and assist with toileting as needed and or per request, and provide incontinence care as needed.</p> <p>The nurse's note, dated 5/10/22 at 5:45 p.m., indicated the resident complained of burning with urination. A sample was to be obtained for a urinalysis.</p> <p>The nurse's note, dated 5/18/22 at 2:08 p.m., indicated the physician was made aware of the urinalysis results and ordered Keflex 500 mg 4 times daily for 7 days for a UTI.</p> <p>The nurse's note, dated 6/6/22 at 1:45 p.m., indicated the resident's urine remained cloudy and foul smelling.</p> <p>The Urinalysis report, dated 6/7/22, indicated the urine had cloudy clarity, one plus blood and protein, two plus leukocytes, 50-100 per HPF (high power field) white blood cells, one plus bacteria.</p> <p>The nurse's note, dated 7/17/22 at 9:09 p.m., indicated the resident's family wanted the nurse to order a urinalysis, because the resident was having trouble urinating and had a burning sensation during urination. A UA (urinalysis) was ordered by the physician.</p> <p>The Urinalysis report, dated 7/19/22, indicated the urine had cloudy clarity, trace amounts of blood and protein, three plus leukocytes, 10-50 per HPF white blood cells, and occasional bacteria.</p>		<p>according to the policy and procedure. 2. How others have potential to be affected by same practice will be identified with corrective actions:All residents that require incontinent care or catheter care have the potential to be affected. No other residents require catheter care currently besides resident 13. An audit on 100% of residents that require incontinent care or catheter care was conducted on 12/02/22 with no findings. 3. What measures put in place or systematic changes will be made to ensure deficient practice does not reoccur:All licensed and certified nursing personnel will be in serviced by the DHS or ADHS on the policy and procedure of Perineal Care for Incontinence and Urinary Catheter Care.4. How corrective actions will be monitored to ensure no reoccurrence:The DHS, ADHS, or clinical designee will audit 5 incontinent residents and/or residents with a foley catheter daily in Clinical care meeting (CCM) for any adverse urinary symptoms 5 x a week for 2 weeks, 3 x a week for 2 weeks, 1 x a week for 2 weeks, then monthly for 3 months. The DHS, ADHS, or clinical designee will observe two different staff members perform incontinent care and/or catheter care 3 x a week for 4 weeks. The DHS, ADHS, or</p>	

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	<p>The Urinalysis report, dated 7/23/22, indicated the urine had turbid clarity, 30 mg per dL (deciliter) blood, large leukocytes, 10-50 per HPF whites blood cells, and occasional bacteria.</p> <p>The nurse's note, dated 7/30/22 at 2:23 p.m., indicated the resident returned from the ER with a new order for Keflex 500 mg 3 times daily for 10 days for a UTI.</p> <p>The nurse's note, dated 8/29/22 at 7:17 a.m., indicated the resident was more lethargic, leaning to the left side and unable to hold himself up. He had emesis (vomiting). The physician was notified with new orders to send to the ER.</p> <p>The nurse's note, dated 8/29/22 at 2:10 p.m., indicated the resident returned to the facility with new orders for Keflex 500 mg 3 times daily for 5 days for a UTI.</p> <p>The nurse's note, dated 10/22/22 at 2:55 p.m., indicated the resident's urine was observed to have a foul smell and was very cloudy. His urine was tested and was positive for leukocytes and nitrates. Hospice was made aware and will call back with any new orders.</p> <p>The nurse's note, dated 10/22/22 at 3:06 p.m., indicated hospice returned the call, and a new order for a urinalysis with culture and Ciprofloxacin 500 mg twice daily for 3 days was received.</p> <p>The Urinalysis report, dated 10/24/22, indicated the urine had turbid clarity, two plus blood and protein, three plus leukocytes, two plus bacteria, 10-50 HPF red blood cells, and 100 plus HPF white blood cells.</p>		<p>clinical designee will then observe one staff member weekly for 4 weeks performing incontinent care or catheter care. DHS, ADHS, or Clinical Designee will be responsible for the observation and monitoring of proper Peri care and foley catheter care procedure for 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.</p>	

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	<p>The nurse's note, dated 10/28/22 at 4:06 p.m., indicated the physician reviewed the urinalysis with culture and sensitivity. A new order for Doxycycline 100 mg twice daily for 10 days was received.</p> <p>The nurse's note, dated 10/30/22 at 5:36 p.m., indicated the resident continued to be in isolation related to MRSA (methicillin resistant staphylococcus aureus) in the urine. The urine continued to be cloudy with mucus.</p> <p>The care plan, dated 10/31/22 and last revised on 11/1/22, indicated a UTI with MRSA. The interventions, dated 10/31/22, indicated to observe for changes in temperature, urine color, foul urine odor, a change in mental status, notify the MD (medical doctor) and family as needed, assist with toileting and incontinent care, encourage fluids, and ATB (antibiotic) per order.</p> <p>The nurse's note, dated 11/2/22 at 3:12 p.m., indicated the physician was in to see the resident. A new order for a UA was obtained.</p> <p>The Urinalysis report, dated 11/3/22, indicated the urine had turbid clarity, two plus blood and protein, three plus leukocytes, one plus bacteria, and 50-100 per HPF white blood cells.</p> <p>The nurse's note, dated 11/6/22 at 10:25 a.m., indicated the physician had no new orders from the results of the culture on 11/6/22.</p> <p>The nurse's note, dated 11/19/22 at 1:31 p.m., indicated the resident had frequent urination and thick foul urine with mucus. The physician was notified with a new order to obtain a urinalysis with culture and sensitivity.</p>			

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	<p>The Urinalysis report, dated 11/23/22, indicated the urine had turbid clarity, two plus blood in the urine, three plus leukocytes in the urine, 100 plus per HPF white blood cells in the urine and occasional bacteria.</p> <p>The nurse's note, dated 11/27/22 at 1:41 p.m., indicated the physician was notified of the UA results and new orders were received to discontinue the Keflex, start Amoxicillin 1000 mg twice daily for 10 days, and to conduct a bladder scan.</p> <p>The nurse's note, dated 11/28/22 at 4:40 p.m., indicated the urologist called with new orders for in and out straight catheterization as needed for urinary pain and inability to void and to stop the Gemtesa.</p> <p>The nurse's note, dated 11/30/22 at 10:38 p.m., indicated the resident was continued on antibiotic therapy related to the diagnoses of a UTI.</p> <p>2. During an observation of catheter and incontinence care for the Resident 13 on 12/2/22 at 10:07 a.m., by CNA 5, she obtained washcloths from the clean linen room and entered the resident's room. The CNA performed hand hygiene and applied gloves. The washcloths were obtained from the shelf and she wettened one washcloth in the sink, pressing out the water on the side of the sink with one hand. The CNA placed the washcloths over the headboard of the resident's bed. The resident's brief was pulled down and the CNA obtained the wet washcloth and began cleaning the creases to each side of the labia and the labia using 5 swipes of the same area of the washcloth. She then folded the washcloth and cleaned the catheter tubing using a back and forth motion, holding at the port junction of the</p>			

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	<p>tubing. The resident yelled out that it hurt and the CNA indicated it was okay. The resident was rolled onto her right side and with the same wet washcloth, the stool was cleaned from the rectum with 7 swipes of the same area of the washcloth. The resident continued to have a bowel movement and the CNA obtained the dry washcloth from the headboard and swiped the stool from her glove with the washcloth. She then cleaned the rectum of stool with 3 swipes of the same area of the dry washcloth, folded then 4 swipes of the same area of the washcloth, then folded and 3 swipes with the same area of the washcloth, folded then 7 swipes with the same area of the washcloth, folded then 2 swipes, folded then 4 swipes cleaned stool from the rectum. Twice dragging the stool from back to front. She reapplied the brief, indicating the resident was still having a bowel movement and that she would return later to clean her.</p> <p>The clinical record for Resident 13 was reviewed on 12/1/22 at 8:48 a.m. The diagnoses included, but were not limited to, chronic inflammatory demyelinating polyneuritis, urinary tract infection, chronic kidney disease, fluid overload, anemia, and muscle weakness.</p> <p>The Quarterly MDS assessment, dated 11/18/22, indicated the resident was cognitively intact. She required extensive assistance of one staff for toileting.</p> <p>The care plan, dated 3/3/22, indicated the resident used a foley catheter for a diagnosis of neurogenic bladder and chronic inflammatory demyelinating polyneuritis. The interventions, dated 3/3/22, indicated to perform labwork per physician orders, observed for any signs of complications such as a UTI, urethral trauma,</p>			

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	<p>strictures, bladder calculi or silent hydronephrosis, notify the doctor, and provide and assist with catheter care and change the foley catheter per physician orders.</p> <p>The nurse's note, dated 4/3/22 at 4:30 a.m., indicated the resident's urine was dark tea like in color and slightly tinged.</p> <p>The nurse's note, dated 4/4/22 at 12:18 a.m., indicated foley catheter care was provided. The urine in the tubing was clear yellow with mucus strands. The urine appeared dark in the collection bag and in the collection container when the foley catheter bag was emptied. Incontinence care was provided for the large dark, soft semi loose stool.</p> <p>The nurse's note, dated 4/9/22 at 2:25 p.m., indicated the final urinalysis culture and sensitivity results revealed Escherichia coli greater than 100,000 CFU (colony forming units) per mL. A new order for Doxycycline 100 mg twice daily for 10 days was received.</p> <p>The Urinalysis report, dated 4/9/22, indicated greater than 100,000 CFU/mL Escherichia coli. The urine was turbid in clarity, three plus blood, two plus protein, three plus leukocytes, and greater than 50 per HPF red blood cells and white blood cells.</p> <p>The nurse's note, dated 8/24/22 at 1:37 p.m., indicated the MD was in to see resident and reviewed the laboratory results. the resident had critical laboratory values and a low hemoglobin. The MD spoke with the resident and the resident agreed she would like to go to the ER for evaluation and treatment.</p> <p>The nurse's note, dated 8/24/22 at 6:17 p.m.,</p>			

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	<p>indicated a report from the emergency room was received. The resident was returning to the facility, and an antibiotic for the UTI would be started. The resident received fluids and IV (intravenous) Zosyn in the emergency room.</p> <p>The physician's order, dated 10/19/22, indicated to perform incontinence care. Cleanse the skin with personal cleanser and apply a protective ointment or cream as needed after each incontinence episode twice a day.</p> <p>The nurse's note, dated 10/18/22 at 9:42 p.m., indicated the resident arrived to the facility by ambulance. The resident's diagnosis was a urinary tract infection and congestive heart failure with fluid overload. The foley catheter was in place.</p> <p>3. During an observation on 12/2/22 at 1:24 p.m., for Resident 19, incontinence care was provided by CNA 4 with RN 6 assisting. CNA 4 obtained washcloths and placed them into the sink to wetten. With her right hand she pressed the wet washcloth onto the side of the sink to remove the excess water. Water was pulling in the sink and a piece of paper towel was floating in the water. She placed the wet washcloths and dry washcloths on the headboard of the resident's bed. The resident was rolled onto his right side and stool was removed with the brief. A wet washcloth was obtained and with one swipe of the washcloth, the resident's rectal area was cleaned. The washcloth was folded and with 2 swipes with the same area of the washcloth, the rectal area was cleaned. The washcloth was folded and with 3 swipes with the same area of the washcloth, the rectal area was cleaned, pulling toward the scrotum. A brief was placed under the resident as he was rolled onto his back. A dry washcloth was obtained and no rinse spray was applied. The creases to each side</p>			

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	<p>of the penis and the scrotum were cleaned with 8 swipes with the same area of the washcloth.</p> <p>The clinical record for Resident 19, was reviewed on 12/1/22 at 12:45 p.m. The diagnoses included, but were not limited to, hemiplegia and hemiparesis affecting the left non-dominant side, malignant neoplasm of the prostate, type 2 diabetes mellitus, anemia, vascular dementia, sepsis, lack of coordination, and muscle weakness.</p> <p>The 5 Day scheduled MDS assessment, dated 10/28/22, indicated the resident was severely cognitively impaired. He was dependent on staff for toileting.</p> <p>The care plan, dated 10/1/18, indicated the resident experienced episodes of incontinence. The interventions, dated 10/1/18, indicated to encourage fluids unless contraindicated, observe for signs and symptoms of UTI and notify MD as needed, and provide incontinence care as needed.</p> <p>The physician's order, dated 4/28/22, indicated to obtain a urinalysis with culture and sensitivity, if indicated.</p> <p>The Urinalysis with culture and sensitivity report, dated 4/30/22, indicated one plus blood and leukocytes, few bacteria and mucous present. There were 10,000-50,000 CFU/mL proteus mirabilis.</p> <p>The nurse's note, dated 4/30/22 at 5:11 p.m., indicated the physician was notified of the abnormal urinalysis with culture and sensitivity. He ordered Keflex 500 mg 4 times daily for 7 days.</p> <p>The nurse's note, dated 6/29/22 at 2:53 p.m.,</p>			

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NAME OF PROVIDER OR SUPPLIER  RIVER TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 120 PRESBYTERIAN AVE MADISON, IN 47250
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>indicated the physician was in to see the resident. A urinalysis was to be obtained for back pain.</p> <p>The nurse's note, dated 10/30/22 at 3:45 a.m., indicated the resident was heard making gurgling sounds. He was unresponsive, with a heart rate of 48. He was sent to a local hospital emergency room for evaluation and treatment.</p> <p>The nurse's note, dated 10/30/22 at 12:22 p.m., indicated the resident returned from the local hospital. The diagnosis was a slight UTI. New orders were received to start Cefalexin 500 mg 3 times daily for 10 days.</p> <p>The nurse's note, dated 11/2/22 at 9:58 p.m., indicated the resident was continued on an antibiotic related to the diagnosis of a UTI.</p> <p>The physician's order, dated 10/30/22, indicated cephalaxin 500 mg 3 times daily for the UTI.</p> <p>During an interview on 12/2/22 at 10:17 a.m., CNA 5 indicated the steps for catheter care was to remove the brief, clean the resident from front to back, asking aloud if she would clean the catheter tubing 2 to 3 inches down.</p> <p>During an interview on 12/2/22 at 1:45 p.m., CNA 4 indicated for incontinence care, she would gather supplies, clean the front of the resident first, dry the area, then apply the brief. She would fold the washcloth as she performed the procedure, until the washcloth was too small to fold.</p> <p>During an interview on 12/2/22 at 1:52 p.m., the DON (Director of Nursing) indicated for incontinence care and catheter care, she would gather supplies, perform hand hygiene and apply gloves. She would obtain 3 to 4 washcloths for</p>			

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	<p>the procedure. The washcloths would be placed in a basin of warm water and not placed in the sink. The washcloths should not be placed on the headboard of the bed. Using a washcloth, she would clean the meatus in a circular motion from dirty to clean. She would then clean the tubing with a clean washcloth, holding the tubing with one hand, at the port junction, pulling downward and not in a back and forth motion. The same area of the washcloth should not be used, it should be folded for each swipe.</p> <p>The Perineal Care for Incontinence policy, revised on 11/9/17, was provided by the DON on 12/2/22 at 2:04 p.m. The policy included, but was not limited to, "... 7. Pay particular attention to infection prevention and control techniques when performing pericare, to prevent introduction of contamination that may lead to a urinary tract infection..."</p> <p>The Urinary Catheter Care policy, revised on 5/11/16, was provided by the DON on 12/2/22 at 2:04 p.m. The policy included, but was not limited to, "... l. For the female: Use a wipe, washcloth with periwash to cleanse the labia. Use one area of the wipe or washcloth for each downward, cleansing stroke. Change the position of the wipe or washcloth with each downward stroke. Next, change the wipe or washcloth to drag on the resident's skin or bed linen. m. For the male: Use a wipe or washcloth with periwash to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Change the position of the wipe or washcloth with each cleansing stroke. Return foreskin to normal position. n. Use a clean wipe or washcloth with periwash to cleanse and rinse the catheter from insertion site to approximately four inches outward..."</p>			

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R 0000  Bldg. 00	<p>3.1-41(a)(2)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey and the Investigation of Complaint IN00387742.</p> <p>Complaint IN00387742 - Unsubstantiated due to lack of sufficient evidence..</p> <p>Survey dates: November 28, 29, 30, December 1, 2 and 5, 2022</p> <p>Facility number: 013535</p> <p>Residential Census: 20</p> <p>River Terrace Heath Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed on December 12, 2022.</p>	R 0000		