

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155785	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2022
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NAME OF PROVIDER OR SUPPLIER WEST RIVER HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 714 S EICKHOFF RD EVANSVILLE, IN 47712
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F 0000 Bldg. 00	<p>This visit was for Investigation of Nursing Home Complaint IN00388820 and IN00389251. This visit included a COVID-19 Focused Infection Control Survey. This visit included the Investigation of Residential Complaint IN00388820. This visit also included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00388820 - Substantiated. Federal/state deficiencies related to the allegations are cited at F888.</p> <p>Complaint IN00389251- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: September 8, 9, 12, 2022.</p> <p>Facility number: 012448 Provider number: 155785 AIM number: 201039500</p> <p>Census Bed Type: SNF/NF: 22 SNF: 16 Residential: 50 Total: 88</p> <p>Census Payor Type: Medicare: 16 Medicaid: 15 Other: 7 Total: 38</p> <p>These deficiencies reflect State Findings cited in</p>	F 0000		
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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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F 0656 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 19, 2022.</p> <p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for</p>			

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	<p>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician orders were followed for 1 of 1 residents reviewed for transfer. (Resident B)</p> <p>Finding includes:</p> <p>On 9/8/22 at 11:45 a.m., QMA 1 and CNA 1 were observed to transfer Resident B from bed to a wheelchair, using a gait belt and two assist.</p> <p>On 9/9/22 at 11:20 a.m., Resident B indicated staff get them up with two person assist and do not use a lift.</p> <p>On 9/8/22 at 9:44 a.m., Resident B's clinical record was reviewed. Resident B's current September 2022 physician orders included, but not limited to: assist x 2. Hoyer lift for all transfers, three times a day 10:00 p.m. - 6:00 a.m., 6:00 a.m. - 2:00 p.m., 2:00 p.m. - 10:00 p.m., order date 8/29/22.</p> <p>Care plans were reviewed and included, not limited to: Resident requires staff assistance to complete ADL (activities of daily living) tasks completely and safely. Interventions included, not limited to: Hoyer lift for transfers, approach start date 8/30/22.</p>	F 0656	<p>The submission of this plan of correction does not indicate an admission by West River Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of West River 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 all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. Corrections to be completed by 9/28/22</p> <p>F656 Comprehensive Care Plan 1. Resident B was affected by the alleged deficient practice. Resident B's care plan was updated to reflect transfer of 2</p>	09/28/2022
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F 0888 SS=D Bldg. 00	<p>On 9/9/22 at 2:38 p.m., QMA 2 indicated Resident B was a max assist of two with a gait belt and not a mechanical lift.</p> <p>On 9/9/22 at 12: 26 p.m., the Infection Preventionist provided the current policy on utilizing a lift with an effective date of 5/11/17. The policy included, not limited to: If the resident requires the use of a lift device, this will need to be added to the residents plan of care that will be communicated to the caregiver.</p> <p>3.1-35(g)(2)</p> <p>483.80(i)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are</p>		<p>assist with gait belt. Transfer order updated. No adverse effects noted.</p> <p>2. All residents have the potential to be affected. All resident care plans and order reviewed to ensure that transfer method is accurately reflected in both. Director of Health Services (DHS) and MDS Coordinator educated to ensure that care plan and orders accurately reflect resident transfer status.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit transfer orders and care plans to ensure transfer method is accurately reflected. Audit to consist of 5 residents weekly x4 week, then 5 residents every other week for 2 months, then 5 residents 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 100% compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>	

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	<p>fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents:</p> <ul style="list-style-type: none"> (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. <p>§483.80(i)(3) The policies and procedures</p>			

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	<p>must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all</p>			

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	<p>documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this</p>			

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	<p>section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>Based on interview, and record review, the facility failed to follow the regulations for staff COVID-19 vaccinations for 1 of 1 partially vaccinated staff member, 2 of 3 staff with medical exemptions. A staff was partially vaccinated without an exemption or temporary delay, medical exemptions did not meet the clinical contraindications. (Employee 1, Employee 2, Employee 3)</p> <p>Finding includes:</p> <p>On 9/9/22 at 1:00 p.m., the COVID-19 Staff Vaccination Status for Providers, provided by the facility, was reviewed. Employee 1 was listed as partially vaccinated without exemption or temporary delay. Employee 2 and Employee 3 were listed as having a medical exemption.</p> <p>1. On 9/9/22 at 2:30 p.m., the medical exemption request forms were reviewed for Employee 2 and Employee 3. Employee 2's request form was not marked for specific COVID-19 vaccines that were contraindicated. The COVID-10 vaccines listed were: Moderna, Pfizer, and Johnson & Johnson. The box beside the name of the vaccines was blank.</p> <p>2. Employee 3's request form was marked for: The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration</p>	F 0888	<p>The submission of this plan of correction does not indicate an admission by West River Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of West River 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 all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. Corrections to be completed by 9/28/22</p> <p>F888: Vaccination of Facility Staff</p> <p>1. Employees 1, 2, and 3 were identified in the alleged deficient practice. Employee 1 received 2nd vaccine and is fully vaccinated at this time. Employees 2 and 3 have had exemptions updated and reviewed</p>	09/28/2022

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	<p>of the medical condition or circumstances that contraindicate immunization with the influenza and COVID-19 vaccine. The Contraindicated COVID-19 vaccines were marked for Moderna, Pfizer, and Johnson & Johnson. The health condition listed as contraindicated to the COVID-19 vaccine were: Has pulmonary fibrosis, history of myocardial infarction, asthma, and heart disease. The recognized clinical reasons for the contraindication to receiving the COVID-19 vaccines indicated : Has multiple progressive respiratory and cardiac issues that put her at high risk for complications, including death, if she gets vaccine, listed as permanent.</p> <p>3. Employee 1 was listed as partially vaccinated without a temporary delay of exemption. Her hire date was 7/19/22. A copy of Employee 1's COVID-19 vaccination card was reviewed. The date listed as receiving dose 1 was 2/7/22.</p> <p>On 9/12/22 at 9:13 a.m. Employee 1 indicated she was hired on 7/19/22, was never told she needed to receive the second shot, apply for an exemption, or given a deadline to receive the 2nd dose of COVID-19 vaccine. She further indicated that she tests twice a week, she is going to get the 2nd dose, and was told last week she needed to get the 2nd dose of the vaccine.</p> <p>On 9/12/22 at 12:55 p.m., the Administrator indicated she discovered that Employee 1 had not received her second dose of the COVID-19 vaccine during a recent audit, had asked Employee 1 about it and was told by Employee 1 that she she was having trouble finding the Moderna vaccine. The Administrator indicated she was going to call the local health department to see if they had the Moderna vaccine.</p>		<p>to meet CDC criteria for exemption. No adverse effects noted.</p> <p>2. All employees have the potential to be affected. Vaccinations for employees have been reviewed to ensure that all have received completed initial series and/or have exemptions in place that meet CDC exempt criteria. Campus leadership to receive education on vaccination requirements and approved exemption criteria.</p> <p>3. As a measure of ongoing compliance, the Executive Director (ED) or designee, will audit 5 newly hired employees, as available, to ensure that primary series is complete or approved exemption meets CDC criteria. Audits to occur weekly for 4 weeks, every other week for 2 months, then monthly for 3 months.</p> <p>4. As a quality measure, the ED or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months, if needed, until 100% compliance met.</p>				

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

PRINTED: 09/28/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>On 9/9/22 at 11:55 a.m., the Infection Preventionist indicated the facility follows their policy regarding exemptions, thinks they coincide with the CDC, HR reviews the exemptions and approves them , they go to the home office HR (Human Resources) and the facility typically doesn't see them.</p> <p>On 9/12/22 at 12:30 p.m., the Infection Preventionist indicated if an employee wants an exemption to the COVID-19 vaccine, they fill out the form and send it directly to Corporate HR or could give it to payroll. The corporate HR reviews the exemptions and send to the facility saying approved or denied, the Administrator keeps track of the exemptions.</p> <p>On 9/8/22 at 10:19 a.m., the current COVID-19 health care staff vaccination policy, with a revision date of 6/5/22, was provided by the Administrator. The policy included, not limited to: This policy is intended to comply with applicable federal, state, and local laws and regulations, as well as guidance from the Centers for Disease Control and Prevention (CDC) and other public health, safety, and welfare organizations and agencies... Procedures: ...as a condition of employment, each current employee shall receive the vaccinations required under this policy or obtain an approved accommodation and will comply with the following on a annual basis: Provide proof of vaccination for Influenza and COVID; or obtain an approved accommodation : Due to the employees inability to receive vaccination because such employee is disabled or has a qualifying medical condition that contraindicates the vaccination; or due to the employees sincerely held religious practice or belief...All facility staff shall complete and maintain COVID-19 vaccination unless granted an exemption/accommodation to the requirements or</p>			

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R 0000 Bldg. 00	<p>those whose vaccination has been temporarily delayed, as recommended by the CDC, due to clinical precautions and consideration...After the hiring decision and before the first day of work the new hire must provide proof of COVID vaccination (at least one dose completed) or indicate the need for an accommodation....Medical Accommodation: ...Senior clinical staff reserves the right to seek clarification from the employee for medical statements not reflecting the Centers for Disease Control (CDC) recognized contraindications...</p> <p>This Federal Tag relates to Complaint IN00388820.</p> <p>3.1-18(b)</p> <p>This visit was for the Investigation of Residential Complaint IN00388820. This visit included a Residential Quality Assurance Walk Through. This visit included Investigation of Nursing Home Complaint IN00388820 & IN00389251. This Visit included a Nursing Home COVID-19 Focused Infection Control Survey</p> <p>Complaint IN00388820 - Substantiated. Federal/state deficiencies related to the allegations are cited at F888.</p> <p>Complaint IN00389251- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 8, 9, 12, 2022.</p> <p>Facility number: 012448</p>	R 0000		

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	Residential Census: 50 West River Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00388820 and the Residential COVID-19 Quality Assurance Walk Through Survey.				