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| 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 09/12/2023 |
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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 Complaints IN00416620 and IN00417115.</p> <p>Complaint IN00416620 - Federal/State deficiencies related to allegations are cited at F677.</p> <p>Complaint IN00417115 - Federal/State deficiencies related to allegations are cited at F677.</p> <p>Survey dates: September 11 & 12, 2023</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Census Bed Type: SNF: 21 SNF/NF: 35 Residential: 33 Total: 89</p> <p>Census Payor Type: Medicare: 10 Medicaid: 23 Other: 23 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 15, 2023.</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 Complaint Survey conducted September 11-12, 2023. The facility respectfully requests from the department a desk review for substantial compliance.</p> | |
| F 0677 SS=D Bldg. 00 | <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the</p> | | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Rebecca Lucas | Executive Director | 10/04/2023 |

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>necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with bathing for 3 of 4 residents reviewed for activities of daily living (ADLs). Residents did not receive bathing according to their plan of care or resident preferences. (Resident F, Resident G, Resident H)</p> <p>Findings include:</p> <p>1. During a review of facility grievances on 9/11/23 at 10:30 A.M., Resident F had submitted a grievance on 9/5/23 that she had not received showers.</p> <p>During an observation on 9/12/23 at 10:00 A.M., Resident F was sitting up in their room wearing a night gown.</p> <p>During record review on 9/12/23 at 12:45 P.M., Resident F's diagnoses included, but were not limited to, chronic pain, muscle weakness, unsteadiness on feet, and lack of coordination.</p> <p>Resident F's most recent quarterly MDS (Minimal Data Set) assessment, dated 6/21/23, included that the resident had severe cognitive impairment, required limited assistance with transfers, and physical help in part of bathing.</p> <p>Resident F's care plan included, but was not limited to: Resident requires staff assistance to complete ADL tasks completely and safely (revised 6/23/23). Resident to receive showers on Tuesday and Friday evenings.</p> | F 0677 | <p>1. Resident F, Resident G and Resident H were affected by the alleged deficient practice. Residents were assessed with no findings or adverse effects noted. Residents received assistance with bathing per preference. ADL care documented in medical records. Staff immediately educated on providing bathing assistance per preference and appropriate documentation of bathing in care assist.</p> <p>2. All residents have the potential to be affected. Nursing staff educated on providing assistance with bathing per resident preference, as scheduled, with appropriate documentation in medical record and implementation of shower sheets.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 residents to ensure bathing activity is completed per preference as scheduled, documented appropriately in medical record 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then weekly for 4 weeks, then monthly x 3 months.</p> | 10/09/2023 |

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| | <p>During review of Resident F's documented bathing from 8/13/23 thru 9/11/23, the following showers/complete bed baths were provided, 9/8/23 (Shower).</p> <p>The record indicated 7 out of 8 showers/complete bed baths were not completed.</p> <p>2. During an observation and interview on 9/12/23 at 9:45 A.M., Resident G was sitting up in her room. Resident G indicated that she did not always receive her scheduled shower.</p> <p>During record review on 9/12/23 at 12:30 P.M., Resident G's diagnoses included, but were not limited to, heart failure, hemiplegia and hemiparesis affect right dominant side, chronic obstructive pulmonary disease (COPD), and morbid obesity.</p> <p>Resident G's most recent admission MDS assessment, dated 7/28/23, indicated the resident was cognitively intact, required extensive assistance with transfers and bed mobility, and was totally dependent with bathing.</p> <p>Resident G's care plan included, but was not limited to: Resident requires staff assistance to complete ADL tasks completely and safely (revised 7/26/23). Resident to receive showers on Wednesday and Saturday during day shift.</p> <p>During review of Resident G's documented bathing from 8/12/23 thru 9/11/23, the following showers/complete bed baths were provided; 8/12/23 (complete bed bath) and 8/24/23 (shower).</p> <p>The record indicated 7 out of 9 showers/complete bed baths were not completed.</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. Completion Date: 10/9/23</p> | |

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| | <p>3. During an observation on 9/12/23 at 8:40 A.M., Resident H was sitting up in a recliner in their room sleeping.</p> <p>During record review on 9/11/23 at 11:00 A.M., Resident H's diagnoses included, but were not limited to, fracture of left patella, anemia, muscle weakness, unsteadiness on feet, and lack of coordination.</p> <p>Resident H's most recent admission MDS assessment, dated 6/30/23, indicated the resident's cognition was moderately impaired, required extensive assistance with transfers and bed mobility, and required physical help in part of bathing.</p> <p>Resident H's care plan included but was not limited to; resident requires staff assistance to complete ADL tasks completely and safely (started 6/27/23). Resident to receive showers on Wednesday and Saturday during day shift.</p> <p>During review of Resident H's documented bathing from 6/29/23 thru 9/11/23, the following showers/complete bed baths were provided; 7/1/23 (complete bed bath), 7/8/23 (complete bed bath), 7/12/23 (completed bed bath), 7/15/23 (complete bed bath), 7/29/23 (complete bed bath), 8/12/23 (complete bed bath), and 8/18/23 (complete bed bath).</p> <p>The record indicated 14 out of 21 showers/complete bed baths were not completed.</p> <p>During an interview on 9/12/23 at 9:00 A.M., the Administrator indicated that staff document bathing in point of care (POC) charting and do not use paper shower sheets.</p> | | | |

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

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| | <p>During an interview on 9/12/23 at 9:15 A.M., CNA 2 indicated that staff document in the kiosk anytime bathing is done. Residents should receive a partial bath every morning, and at least 2 bed baths or showers per week or according to the shower schedule. CNA 2 indicated staff would document if a resident was refusing their bathing and that she was unsure what the documentation "other bath" was referring to, but that it likely means a partial bath was given and not documented correctly.</p> <p>During an interview on 9/12/23 at 1:50 P.M., the Administrator indicated the documentation "other bath" should be considered a shower.</p> <p>During an interview on 9/12/23 at 2:00 P.M., CNA 4 indicated she documented "other bath" when a resident was washed up while on the commode.</p> <p>On 9/12/23 at 12:00 P.M., the Administrator supplied a facility policy titled, Nursing ADL Documentation Guidelines, dated 12/31/22. 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 Federal tag relates to Complaints IN00416620 and IN00417115.</p> <p>3.1-38(b)(2)</p> | | | |