

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Galaxy Dr Evansville, IN 47715	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Based on observation, record review, and interview, the facility failed to ensure there was a periodic review with a resident and resident representative regarding decisions of any advance directives and its provisions as preferences may change time in 1 of 1 random observation for advance directives. (Resident 48)</p> <p>Finding includes:</p> <p>On 6/17/25 at 11:42 A.M., during a random observation of the Dashboard (Resident Information Tab) for the Electronic Health Record (EHR) the resident was observed to be a full code.</p> <p>On 6/18/25 at 10:40 A.M., during a random observation of the Dashboard for the Electronic Health Record (EHR) the resident was observed to be a full code</p> <p>On 6/18/25 at 10:40 A.M., Resident 48's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and aphasia.</p> <p>The most Current Quarterly Review dated 5/15/25 indicated that Resident 48 was severely cognitively impaired. The resident needed substantial assist for eating, and was totally dependent for toileting, dressing, and transferring.</p> <p>Current physician orders indicated that the resident was a full code dated 3/17/25.</p> <p>The most recent care plan for Advanced Directives indicated that the following interventions included, but were not limited to, resident was full code. advanced directives were to be updated quarterly and PRN (As Needed), and honor resident's right to change advance directives at anytime, this was dated 3/1/25 with a review and revision on 5/29/25.</p> <p>Resident 48 record's indicated there was a new code status was declared on 5/11/25 of Do Not Resuscitate (DNR). This was scanned into the Electric Health Record (EHR) 5/27/25.</p> <p>During an interview on 6/19/25 at 9:05 A.M., Registered Nurse (RN) 22 indicated that Advance Directives are reviewed every 6 months and PRN along with the Dashboard. She indicated it should have been changed.</p> <p>On 6/23/25 at 9:45 A.M., the Regional Clinical Support Nurse provided a current policy Guidelines for Advanced Directives revised 9/26/24. The policy indicated .the purpose of the policy was to</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Galaxy Dr Evansville, IN 47715	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ensure facility staff obtains and follows resident's advanced directives regarding end-of-life care .a member of the Interdisciplinary Team (IDT) will review and/or update quarterly and PRN thereafter .</p> <p>3.1-4(l)(5)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Galaxy Dr Evansville, IN 47715	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure infection control practices were followed for 1 of 1 resident reviewed for care. The staff failed to wear personal protective equipment, wash hands, and ensuring a resident's catheter bag was not touching the ground during a random observation of wound care. (Resident 15)</p> <p>Finding includes:</p> <p>During an observation on 6/19/25 at 11:32 A.M., Registered Nurse (RN) 24 and (Licensed Practical Nurse) LPN 21 were observed performing wound care for Resident 15. RN 24 and LPN 21 performed hand hygiene and donned a gown and gloves. Resident 15 was observed sitting in the middle of his room in his wheelchair with his catheter bag attached to the bottom of his wheelchair. The catheter bag and tubing were observed touching the floor. LPN 21 pushed Resident 15 in his wheelchair into the bathroom. The catheter bag and tubing dragged the floor. RN 24 attached the catheter bag to the toilet roll holder. Resident 15 stood up using the assistive railing next to the toilet. LPN 21 and RN 24 removed the resident's pants and brief. LPN 21 cleaned Resident 15's bottom with a wet washcloth, dried the area with a towel, removed her gloves, performed hand hygiene, and put on a new pair of gloves. LPN 21 applied cream to the resident's coccyx. Resident 15 indicated that he felt weak and could not stand for much longer. LPN 21 removed her gloves and performed hand hygiene. LPN 21 did not put on another pair of gloves. LPN 21 used her bare hands to put a brief on Resident 15 and pull up his pants. LPN 21 and RN 24 helped Resident 15 to sit down in his wheelchair. LPN 21 collected the dirty wet washcloths and trash using her bare hands and placed them in the trash bag. LPN 21 performed hand hygiene. RN 24 unhooked the catheter bag from the toilet roll holder and reattached it to the bottom of the wheelchair. The catheter tubing was observed touching the floor. At that time, Resident 15 indicated the tip of his penis burned. LPN 21 pushed Resident 15 in his wheelchair from the bathroom into the middle of his room. The catheter tubing dragged the floor.</p> <p>On 6/18/25 at 1:07 P.M., Resident 15's clinical record was reviewed. Resident 15 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic kidney disease.</p> <p>The most recent admission Minimum Data Set (MDS) Assessment, dated 5/12/25, indicated Resident 15 was cognitively intact, required substantial assistance (staff do more than half of the work) for toileting, and had a catheter.</p> <p>Physician orders included, but were not limited to:</p> <p>Staff to use enhanced barrier precautions, wearing a gown and gloves at minimum during high-contact care activities; Start date 6/6/25.</p> <p>Change catheter bag PRN base on clinical indications such as infection, obstruction, or when the closed system is compromised; Start date 6/6/25.</p> <p>Current care plans included, but were not limited to:</p> <p>Resident requires enhanced barrier precautions (EBP) during high-contact care related to presence of: Indwelling catheter, wounds; Start date 5/8/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER River Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Galaxy Dr Evansville, IN 47715	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RN 24 on 6/20/25 at 9:26 A.M., she indicated catheter bags and tubing should be off of the floor, and staff should be wearing gloves during any care or contact with a resident.</p> <p>On 6/23/25 at 9:31 A.M., the Regional Support Nurse provided a policy titled Preserving Dignity with Indwelling Catheter, dated 12/16/24, that indicated Urinary drainage bags and catheter tubing should be kept from touching the floor surface.</p> <p>On 6/17/25 at 10:45 A.M., the Administrator provided a policy titled Infection Prevention and Control General Guidelines, dated 7/13/20, that indicated Hands should be washed between direct contact with any resident, after doing cleaning tasks, after using the bathroom or any other task that provides opportunity for infection. Gloves should be worn when coming in to contact with blood or body secretions.</p> <p>3.1-18(b)</p>		