STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING _____ B. WING _____	R-C 03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVIVE OF INDIANAPOLIS	**45 BEACHWAY DR INDIANAPOLIS, IN 46224**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{F 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00367460 completed on December 3, 2021. This visit was in conjunction with a PSR to the Investigation of Complaints IN00362208, IN00363081, IN00363498, and IN00364184 completed on October 7, 2021. This visit included a PSR to a COVID-19 Focused Infection Control Survey completed on October 7, 2021. This visit was in conjunction with a PSR to the Investigation of Complaints IN00365995 and IN00366036 completed on November 5, 2021. This visit was in conjunction with a PSR to the Investigation of Complaint IN00369620 completed on January 7, 2022. This visit included a PSR to a COVID-19 Focused Infection Control Survey completed on January 7, 2022. This visit was in conjunction with a PSR to the Investigation of Complaints IN00370780 and IN00371831 completed on January 28, 2022. This visit was in conjunction with Investigation of Complaint IN00373899. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00373899- Unsubstantiated due to lack of evidence. Complaint IN00362208 - Corrected. Complaint IN00363081 - Corrected. Complaint IN00363498 - Corrected.	{F 000}		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING _____ B. WING _____	R-C 03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVIVE OF INDIANAPOLIS	**45 BEACHWAY DR INDIANAPOLIS, IN 46224**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{F 000}	Continued From page 1	{F 000}		

Complaint IN00364184 - Corrected.

Complaint IN00365995 - Corrected.

Complaint IN00366036 - Corrected.

Complaint IN00367460 - Corrected.

Complaint IN00369620 - Corrected.

Complaint IN00370780 - Corrected.

Complaint IN00371831 - Corrected.

Survey dates: March 8, 9, and 10, 2022

Facility number: 000032
Provider number: 155077
AIM number: 100273330

Census Bed Type:
SNF/NF: 84
Total: 84

Census Payor Type:
Medicare: 1
Medicaid: 78
Other: 5
Total: 84

Envive of Indianapolis was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to Complaint IN00367460.

Quality review completed on March 16, 2022.