

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

PRINTED: 11/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155061		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2024	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF LAWRENCEBURG				STREET ADDRESS, CITY, STATE, ZIP COD 403 BIELBY RD LAWRENCEBURG, IN 47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000  Bldg. 00	This visit was for the Investigation of Complaint IN00442330.  Complaint IN00442330 -Federal/State deficiency related to the allegation is cited at F812.  Survey date: October 02, 2024  Facility number: 000022 Provider number: 155061 AIM number: 100274510  Census Bed Type: SNF/NF: 38 Total: 38  Census Payor Type: Medicare: 5 Medicaid: 33 Total: 38  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed on October 7, 2024.			F 0000			
F 0812 SS=D Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on observation and interview, the facility failed to store food appropriately for 1 of 2 kitchen observations.  Findings include:  During an observation on 10/02/24 at 9:40 A.M., of the facilities kitchen refrigerators and dry			F 0812	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely		10/03/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Peninah Wood

Executive Director

10/31/2024

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 disclosable 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.

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

PRINTED: 11/07/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155061		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2024	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF LAWRENCEBURG				STREET ADDRESS, CITY, STATE, ZIP COD 403 BIELBY RD LAWRENCEBURG, IN 47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>storage the following was observed:</p> <ul style="list-style-type: none"> <li>- an undated, sealed gallon sized bag half full of cooked ham,</li> <li>- an undated, sealed gallon sized bag half full of cooked taco meat,</li> <li>- a square lidded container, approximately quart sized, filled with country gravy with a prepared date of 09/27/24, and a discard date of 08/01/24,</li> <li>- an undated resident's left over pizza box with pizza inside,</li> <li>- a gallon of mustard opened, 3/4 full, with a manufacturer best if used by date of 02/10/24,</li> <li>- two gallons of milk, one unopened and one 3/4 full, with a manufacturer best if used by date of 10/01/24.</li> <li>- an unopened dented gallon can of mandarin oranges was on the front of the dry food storage shelf.</li> </ul> <p>During an interview with Cook 2 on 10/02/24 at 9:55 A.M., she indicated that the kitchen serves 34 to 36 residents. All the food items that were undated or outdated would be thrown away.</p> <p>During an interview with Cook 2 on 10/02/24 at 1:31 P.M., she indicated that the refrigerators should be checked daily. Cooked foods are only good for three days stored in the refrigerator, and they were supposed to date them as soon as they put them in the refrigerator. The pizza box found in the fridge earlier that morning was a resident's. All resident food that was left over should not be put in the kitchen fridge. She was unsure which</p>				<p>because it is required by the provisions of federal and state law.</p> <p>IMMEDIATE ACTION TAKEN for those residents identified: No resident was identified as harmed.</p> <p>All unlabeled, outdated, not dated, and expired foods/condiments were thrown away.</p> <p>Resident's leftover pizza was thrown away.</p> <p>Dented can of mandarin oranges was thrown away.</p> <p>How the facility identified other residents:</p> <p>Any resident residing in the facility had the potential to have been affected, however no residents were identified.</p> <p>Measures put into place:</p> <p>Kitchen was educated on the components of F812. Food Procurement Store/Prep/Serve-Sanitary. Policy: Food-Resident Pantry-Safe Storage was reviewed.</p> <p>Nursing staff was educated not to send leftover resident's food to the kitchen to be stored in the kitchen refrigerator.</p>		

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

PRINTED: 11/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155061		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2024	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF LAWRENCEBURG				STREET ADDRESS, CITY, STATE, ZIP COD 403 BIELBY RD LAWRENCEBURG, IN 47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>resident's pizza it was.</p> <p>During an interview with Resident B on 10/02/24 at 10:58 A.M., they indicated that they had been served spoiled meat, sour broccoli, spoiled milk and juices before.</p> <p>A current facility policy titled "Kitchen Operations: Food storage", was provided by the DON (Director of Nursing) on 10/02/24 at 1:25 P.M., with a revision date of January of 2023, stated " ...severely dented cans ... should be exposed of promptly ...Leftover prepared foods ...must clearly be labeled with the name of the product, the date it was prepared, and marked to indicate the date by which the food shall be consumed or discarded. Leftover foods can be held at 41 degrees Fahrenheit or less for no more than three days ...each nursing unit with a refrigerator used to store food/beverage items for resident consumption ...".</p> <p>This citation relates to Complaint IN00442330.</p> <p>3.1-21(i)(1) and (3)</p>				<p>How the corrective actions will be monitored:</p> <p>The responsible party for this plan of correction is the Executive Director, the Dietary Director, and the Director of Nursing.</p> <p>How the corrective actions will be monitored:</p> <p>Kitchen observation audits will be conducted 2 times weekly for 4 weeks per Executive Director. Identified issues will be corrected immediately with 1 on 1 education.</p> <p>The results of these audits will be reviewed in QAPI meetings for 3 months or until 100% compliance is achieved.</p> <p>Date of compliance:</p> <p>10/03/24</p>		