

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

PRINTED: 06/16/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/22/2025	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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	<p>This visit was for Investigation of Complaints IN00459082 and IN00456647.</p> <p>Complaint IN00456647- Federal/State deficiency related to the allegations are cited at F550.</p> <p>Complaint IN00459082- No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 19, 20, and 22, 2025</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 2 Medicaid: 53 Other: 4 Total: 59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 29, 2025.</p>			F 0000	<p><b>Plan of Correction FOR Envive of Anderson HEALTH CAMPUS F550 – Resident Rights/Exercise of Rights</b></p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Survey conducted May 22, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance as of June 20, 2025. The provider respectfully <u>requests desk review with paper compliance</u> to be considered in establishing that the provider is in substantial compliance.</p>		
F 0550 SS=E Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on interview and record review, the facility failed to ensure residents were afforded the opportunity to go outside per their preference, weather permitting, for 4 of 4 residents reviewed</p>			F 0550	<p><b>Plan of Correction FOR Envive of Anderson HEALTH CAMPUS F550 – Resident Rights/Exercise of Rights</b></p>		06/20/2025

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

TITLE

(X6) DATE

Ryan Kinzie

Executive Director

06/05/2025

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.

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	<p>for resident rights. This deficient practice had the potential to impact 17 of 59 resident who were unable to go outside with out supervision.</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 5/19/25 at 10:07 a.m. Diagnoses included chronic respiratory failure with hypoxia, chronic pulmonary disease, congestive heart failure, morbid obesity, overactive bladder, anemia, and depression.</p> <p>The most current admission MDS (Minimum Data Set) assessment, dated 3/19/25, indicated the resident was cognitively intact. The resident identified going outside to get fresh air when the weather was good as being very important to them.</p> <p>During an interview on 5/19/25 at 10:32 a.m., Resident B indicated she was unable to go outside without someone taking her. She liked going outside if the weather is nice and would go outside more if it were offered to her.</p> <p>2. Resident C's clinical record was reviewed on 5/19/25 at 2:44 p.m. Diagnoses included dementia, anxiety, hypertension, history of falling, and metabolic encephalopathy.</p> <p>The most current admission MDS assessment, dated 9/13/24, indicated the resident was moderately cognitively impaired. The resident identified going outside to get fresh air when the weather was good as being very important to them.</p> <p>During the survey, the resident was admitted to the hospital and unable to be interviewed.</p>				<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Survey conducted May 22, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance as of June 20, 2025. The provider respectfully <u>requests desk review with paper compliance</u> to be considered in establishing that the provider is in substantial compliance.</p> <p><b>Tag #F550 – Resident Rights/Exercise of Rights</b>  <i>“Facility failed to ensure Residents were afforded the opportunity to go outside per their preference, weather permitting, for 4 of 4 Residents reviewed for Resident rights. This deficient practice had the potential to impact 17 of 59 Residents who were unable to go outside without supervision.”</i></p> <p><b>1: What corrective action(s) will be accomplished for those residents found to have been</b></p>		

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	<p>3. Resident D's clinical record was reviewed on 5/20/25 at 9:50 a.m. Diagnoses included chronic obstructive pulmonary disease, hypertension, depressive disorder with severe psychotic symptoms, schizoaffective disorder, and anxiety.</p> <p>The most current admission MDS, dated 6/20/24, indicated the resident was cognitively intact. The resident identified going outside to get fresh air when the weather was good as being very important to them.</p> <p>During an interview on 5/20/25 at 11:00 a.m., Resident D indicated she could go out to smoke with the other residents, but could not go outside without supervision. The resident indicated they would like to go sit outside in the front, but couldn't go by themselves.</p> <p>4. Resident E's clinical record was reviewed on 5/20/25 at 10:00 a.m. Diagnoses included non-traumatic brain dysfunction, dementia, and hypertension.</p> <p>The most current admission MDS, dated 9/10/24, indicated the resident was cognitively intact. The resident identified going outside to get fresh air when the weather was good as being very important to them.</p> <p>During an interview on 5/20/25 at 8:45 a.m., LPN 2 indicated the residents who were allowed to sign themselves out could if they wanted to sit outside in front of the facility. The residents who could not sign themselves out could only go out if someone was available to watch them. On the weekends, there was no receptionist, so residents may not be able to go outside.</p>				<p><b>affected by the deficient practice?</b></p> <p>Affected Residents have been interviewed concerning preferences related to going outdoors and for outdoor times.</p> <p>Residents have been educated on their ability to go outdoors at the time of their choosing, weather permitting and as appropriate.</p> <p><b>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</b></p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>All current in-house residents were interviewed, and Resident preferences were updated.</p> <p>Residents have been educated on their ability to go outdoors at the time of their choosing, weather permitting and as appropriate.</p> <p><b>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>Staff has been educated concerning Resident Rights with a focus on Resident preferences for</p>		

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	<p>During an interview on 5/19/25 at 8:42 p.m., LPN 3 indicated if there is no staff available to watch the residents, they couldn't go outside.</p> <p>During an interview on 5/20/25 at 10:34 a.m., RN 1 indicated the residents who smoke could go out for smoke breaks. There was also a group of residents who could sign themselves out and sit in front of the facility from 8:00 a.m. to 8:00 p.m. While the residents sat out front, the receptionist could watch them. On the weekends, the activity staff would sometimes take residents outside.</p> <p>During an interview on 5/20/25 at 10:44 a.m., Resident E indicated she went outside to sit if there was someone to watch her. She would tell staff she wanted to go outside, and if they were available, she would go. The resident indicated she would like to go outside more if it was nice outside, but staff were not available.</p> <p>During an interview on 5/20/25 at 11:34 a.m., the Activity Director indicated residents who smoked went out three times a day. The last smoke break was at 6:30 p.m. From Monday through Friday, the receptionist was stationed near the front lobby and could watch the residents who were cognitively intact enough to be outside without staff present. On the weekend, the cognitively intact residents signed themselves out to go out and sit on the patio (front of facility). There was a list of residents at the front of the facility. For all other residents, if there was a staff member who could sit with them outside, they tried to accommodate that to the best of the facility's ability. Not all residents could go as they pleased for safety reasons.</p> <p>A facility list of residents/instruction sheet who were allowed to sign themselves out to sit in front</p>				<p>outdoor time/outdoor activities.</p> <p>Staff education on Customer Service</p> <p>Safe Place/Courtyard has been identified for Residents to have the ability to go outside at the time of their choosing.</p> <p><b>4: How will the corrective action be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?</b></p> <p>Director of Nursing and/or Designee will interview 5 Residents daily x4 weeks then weekly x 2 months then monthly x 3 months for a minimum of 6 months in regards to resident outdoor preference and location of outdoor area.</p> <p>Through the facility QAPI program if a concern is found, immediate corrective action will occur. Results of the monitoring and any corrective actions will be reviewed during the facility's QA meetings for a minimum of 6 months with the monitoring increasing or decreasing until substantial compliance is achieved.</p> <p><b>5. Date of completion:</b> 6/20/2025</p>		

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	<p>of the facility, dated 5/7/25, was provided on 5/20/25 at 10:58 a.m. by the DON. The sheet indicated the following: " .... Residents must sign out to sit on the front porch when staff are not present! Residents must stay on the front porch only and no SMOKING ALLOWED! 8 P.M. ALL RESIDENTS MUST COME BACK IN THE BUILDING PER MANAGEMENT! ...."</p> <p>There were 42 residents listed on the document.</p> <p>The list also contained a list of residents who were at risk for elopement. There were 6 residents listed under the heading "* Attention staff these residents can not be outside unattended*"</p> <p>The list also contained a list of five residents with guardians.</p> <p>This citation relates to complaint IN00456647.</p> <p>3.1-3(a)(1)</p>						