

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

PRINTED: 12/04/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155473		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BERNE				STREET ADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: November 13, 14, 15, and 16th, 2023.</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 3 Medicaid: 29 Other: 9 Total: 41</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 20, 2023</p>			F 0000	<p>PLAN OF CORRECTION FOR ENVIVE OF BERNE F000 INITIAL COMMENTS 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 Recertification and State Licensure Survey completed on November 12, 13, 14, 15, and 16, 2023. Please accept this Plan of Correction as the provider's credible allegation of compliance as of December 7, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0725 SS=F Bldg. 00	<p>483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical,</p>						

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

TITLE

(X6) DATE

Maria Diaz

HFA

12/01/2023

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 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>mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, interview, and record review the facility failed to ensure a nurse was appointed as charge nurse each shift. 41 residents resided in the facility.</p> <p>Findings include:</p> <p>In an observation on 11/12/23 at 11:04AM, a staffing sheet dated 11/10/23 was posted with an indicated census of 41. There was no indication the charge nurse was listed on the posting. There was no place on posting for a charge nurse to be indicated for any shift.</p> <p>In an interview, on 11/12/23 at 11:19AM, RN 8 (Registered Nurse) indicated there was no charge nurse. RN 8 indicated neither he nor the other nurse on duty were in charge, but both were RNs</p>	F 0725	<p><b>F725 – Sufficient Nursing Staff SS=F</b></p> <p><b>1 What corrective action(s) Will be accomplished for those Residents found to have been affected by the deficient practice?</b></p> <p>No residents were affected By this alleged deficient practice.</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</b></p>		11/17/2023		

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	<p>and equally trained. RN 8 indicated he was fairly sure the census posted on Friday, dated 11/10/23 was still correct.</p> <p>In an interview on 11/12/23 at 11:24AM, RN 9 indicated she and the other RN on duty were of equal rank and neither were in charge. She indicated the DON (Director of Nursing) was notified and would be in within an hour.</p> <p>During an observation on 11/12/23 at 11:28AM, a staffing sheet was observed posted without a census indicated. The staffing sheet did not indicate the charge nurse. The staffing sheet did not have a place for a charge nurse to be indicated for any shift.</p> <p>During an observation on 11/13/23 at 9:19AM, a staffing sheet was observed posted with a census of 38 indicated. The staffing sheet did not indicate the charge nurse. The staffing sheet did not have a place for a charge nurse to be indicated for any shift.</p> <p>In an interview on 11/14/23 at 1:15 PM, the DON indicated she was in charge when she was in the building. The DON indicated when she was not in the building each nurse oversaw their assigned halls. The DON indicated when a family member or other staff member had any concerns, they were to call her directly.</p> <p>In an interview on 11/14/23 at 2:21PM, the DON indicated the facility did not have a policy regarding having an assigned charge nurse.</p> <p>A review of daily nursing assignments for the dates; 11/8/23, 11/9/23, 11/10/23, 11/11/23, 11/12/23, 11/13/23, 11/14/23, and 11/15/23; did not indicate a charge nurse was assigned on any</p>				<p><b>taken?</b></p> <p>All residents have the potential to be affected by this alleged deficient practice. No residents were affected by this alleged deficient practice.</p> <p><b>3. What measures will be put in place or what systemic changes will be made to Ensure that the deficient Practice does not occur?</b></p> <p>-DNS/Designee will ensure a charge nurse is designated on the Daily Staffing Sheet every shift. -Audit tool was created to monitor that the Daily Staffing Sheet has the Charge nurse designated.</p> <p><b>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?</b></p> <p>- Audit tool was created to monitor that the Daily Staffing Sheet has the Charge nurse designated. -Monitoring will be done every shift three times a week x 4 weeks, then twice a week</p>		

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	shifts.  3.1-17(2)				x 8 weeks, then weekly x 3 months to ensure a Charge Nurse is designated.  The results of these audits will be Reviewed by the QAPI committee Overseen by the Executive Director. The results will be reviewed for Patterns, trends and continued Recommendations for process Monitoring and improvement Until 100% compliance is achieved.  <b>5. Date of Completion:</b>  11/17/2023		