

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

PRINTED: 11/09/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155468		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/12/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF SULLIVAN				STREET ADDRESS, CITY, STATE, ZIP COD 325 W NORTHWOOD DR SULLIVAN, IN 47882			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 the Investigation of Complaint IN00415462.</p> <p>Complaint IN00415462 - Federal/state deficiencies related to the allegations are cited at F578.</p> <p>Survey dates: October 11 and 12, 2023</p> <p>Facility number: 000525 Provider number: 155468 AIM number: 100267010</p> <p>Census Bed Type: SNF/NF: 31 Total: 31</p> <p>Census Payor Type: Medicare: 2 Medicaid: 24 Other: 5 Total: 31</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2023.</p>			F 0000	<p>This Plan of Correction is prepared and submitted due to requirements under State and Federal law. Please accept this plan of correction as our credible allegation of compliance effective November 2, 2023.</p>		
F 0578 SS=D Bldg. 00	<p>483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>§483.10(c)(6) The 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>						

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

TITLE

(X6) DATE

Jodi Deann Sanders

Executive Director

10/24/2023

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 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>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>Based on record review and interview, the facility failed to ensure a resident's advanced directive (a written document stating how you want medical</p>			F 0578	Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts		11/02/2023

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	<p>decisions to be made if you lose the ability to make them for yourself) wishes were followed for 1 of 3 residents reviewed for advanced directives (Resident D).</p> <p>Finding includes:</p> <p>Resident D's record was reviewed on 10/12/23 at 10:00 a.m. The profile indicated the resident had admitted to the facility on 5/15/23, for diagnoses which included, but were not limited to, heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), stage 3 chronic kidney disease (a condition where the kidneys have mild to moderate damage, and they are less able to filter waste and fluid out of your blood), and essential hypertension (abnormally high blood pressure that's not the result of a medical condition).</p> <p>A quarterly Minimum Data Set (MDS) assessment (a standardized assessment tool that measures health status in nursing home residents), dated 7/7/23, indicated the resident had severe cognitive deficit.</p> <p>A care plan, dated 5/15/23, indicated the resident wished to be a full code (full support which includes cardiopulmonary resuscitation if the patient has no heartbeat and is not breathing). Interventions included, but were not limited to, CPR and code status may be changed on the resident or his representative's request.</p> <p>A physician's order, dated 5/15/23, indicated the resident was a full code.</p> <p>A document titled, "Out of Hospital Do Not Resuscitate Declaration and Order," dated 5/16/23, and signed by the resident's physician, on</p>				<p>alleged or corrections set forth on the statement of deficiencies.</p> <p>This Plan of Correction is prepared and submitted due to requirements under State and Federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>F578</p> <p>1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident unaffected by the alleged deficient practice, resident is no longer in the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified? No other residents were affected by the alleged deficient practice; however, all residents have the potential to be affected by this alleged practice. All resident charts were reviewed to ensure advance directives are in place.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>DON/SSD conducted a 100 % audit completed to up-date resident code status. POST forms signed by physician and placed in the resident medical chart.</p>		

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	<p>5/18/23, indicated the resident and his representative wished to be a do not resuscitate (DNR).</p> <p>The resident's May 2023, Medication Administration Record (MAR) indicated the resident was a full code.</p> <p>The resident's August 2023, MAR indicated the resident was a full code.</p> <p>A nurse's note, dated 8/29/23 at 5:00 a.m., indicated during a routine check, the resident was found to have no respirations and no audible heartbeat. The resident was a full code. CPR was immediately initiated and 911 was called.</p> <p>A nurse's note, dated 8/29/23 at 5:08 a.m., indicated the ambulance had arrived at the facility with three EMTs (Emergency Medical Technicians), and CPR was continued while they assessed.</p> <p>A nurse's note, dated 8/29/23 at 5:10 a.m., indicated the resident's physician was contacted and gave an order to stop CPR.</p> <p>During an interview, on 10/12/23 at 10:12 a.m., the Director of Nursing (DON) indicated the DNR document should have changed the resident's code status, at the time it was signed by the physician. The information should have been placed into the medical record to be available for staff to see and the care plan should have been updated. The previous Social Services Director (SSD) should have ensured the information was put into the correct place in the resident's medical record.</p> <p>On 10/12/23 at 10:25 a.m., the DON provided a</p>				<p>Advance directives will be reviewed quarterly at care plan meetings and as needed. Care plans updated to reflect any changes.</p> <p>4 How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>The DON/Designee will be responsible for completing in-house audits 1x weekly to ensure all residents have an Advanced Directive and a physician's order for their desired code status for six months. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings. The plan will be adjusted as indicated by increasing or decreasing the monitoring practices based on compliance until 100% compliance is achieved.</p> <p>5 Completion date: November 2, 2023</p>		

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	<p>document, dated 8/2022, titled, "Advanced Directives," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy Interpretation and Implementation...7. Information about whether or not the resident has executed an advanced directive shall be displayed prominently in the medical record...10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advanced directive...11...A resident will not be treated against his or her own wishes...13. If the resident or representative refuses treatment, the facility and care providers will: ...c. Document specifically what the resident/representative is refusing...g. Modify the care plan as appropriate...."</p> <p>This citation relates to Complaint IN00415462.</p> <p>3.1-4(f)(5) 3.1-4(f)(7)</p>						