STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155690	A. BUILDING **01** B. WING _____	R **12/21/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVIVE OF ANDERSON	**1821 LINDBERG RD** **ANDERSON, IN 46012**

(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
{K 000}	INITIAL COMMENTS A Post Survey Revisit to the PSR conducted on 11/15/22 to the Life Safety Code Recertification and State Licensure Survey conducted on 09/23/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 12/21/22 Facility Number: 000027 Provider Number: 155690 AIM Number: 100266180 At this PSR Life Safety Code survey, Envive of Anderson was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms on 100, 500 and 600 halls. The facility has a capacity of 97 and had a census of 53 at the time of this PSR survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached garage which was not sprinklered. Quality Review completed on 12/22/22	{K 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
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ENVIVE OF ANDERSON	**1821 LINDBERG RD** **ANDERSON, IN 46012**

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