

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

PRINTED: 01/02/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155716		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF EVANSVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 601 N BOEKE RD EVANSVILLE, IN 47711			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00423065.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Nursing Home Complaints IN00418710 and IN00421830.</p> <p>This visit was in conjunction with a State Residential Licensure Survey and Investigation of Residential Complaint IN00417446.</p> <p>Complaint IN00423065 - Federal deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: November 27, 28, 29, 30, December 1, 4, 5, & 6, 2023</p> <p>Facility number: 000439 Provider number: 155716 AIM number: 100275070</p> <p>Census Bed Type: SNF/NF: 109 SNF: 10 Residential: 10 Total: 129</p> <p>Census Payor Type: Medicare: 7 Medicaid: 86 Other: 26 Total: 119</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<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 and Complaint survey conducted December 6, 2023.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 1, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

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

TITLE

(X6) DATE

Tara Trevino

Executive Director

12/28/2023

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 disclosed days 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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F 0684 SS=D Bldg. 00	<p>Quality review completed on December 14, 2023.</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to assess a chronic wound and report changes to the physician for 1 of 3 residents reviewed for wound care. (Resident B)</p> <p>Finding includes:</p> <p>On 12/1/23 at 8:42 A.M., Resident B was observed to have a wound on her right shin. It had a thick crusty surface, was raised in the middle, and was red around the edges. At that time, the DON (Director of Nursing) measured the wound at 6cm (centimeters) x (by) 6cm.</p> <p>On 12/1/23 at 1:04 P.M., Resident B's clinical record was reviewed. Diagnosis included, but was not limited to, neoplasm of uncertain behavior of skin.</p> <p>The most recent quarterly MDS (Minimum Data Set) Assessment, dated 11/10/23, indicated the resident was not cognitively impaired, required extensive assistance of 1 staff for transfers and toileting, and had no skin conditions.</p>			F 0684	<p>F684 What corrective action will be accomplished for those residents found to have been affected by the deficient practice: The wound for resident B has been assessed. Resident B's family and physician have been notified of the status of the chronic wound.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Other residents with chronic wounds have the potential to be affected. All other residents with chronic wounds have been assessed and physicians have been notified of the status of the chronic wound.</p> <p>What measures will be put into</p>		01/01/2024

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	<p>Physician orders included, but was not limited to: Please complete weekly skin assessment under assessment tab one time a day every Tue, dated 10/17/2023.</p> <p>A current ADL (activities of daily living) care plan, revised 9/14/22, indicated "I require extensive assist of 1 with hygiene and bathing. I need assistance because of limited mobility, cognitive deficits, and blindness".</p> <p>A current skin integrity care plan, revised 9/14/20, indicated "Open lesion on right lower leg- possible cancerous lesion as I have a hx (history) of multiple Ca (cancer) areas removed- open lesion is scaly/shiny in appearance - cont (continue) to be observed". An intervention, dated 3/3/20, indicated "Observe and document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx (signs and symptoms) of infection, maceration etc. to MD (Medical Doctor)".</p> <p>Skin Only Evaluations were completed weekly from 11/30/22 - 12/2/23. Documentation of the open lesion on the resident's right lower leg occurred on the following days: 11/30/22 - "Resident has current skin issues." Length (cm): 3.0 Width (cm): 3.0 2/17/23 - "Resident has a chronic area on the right shin , light red with a crusty surface , she said shes [sic] had it for years." 2/18/23 - Right shin. Length (cm): 3.0 Width (cm): 4.0 11/23/23 - "Chronic skin area on the [sic] right lower leg, getting larger and thicker, has a diagnosis of neoplasm". Length (cm): 4.0 Width (cm): 5.0</p>				<p>place and what systemic changes will be made to ensure that the deficient practice does not recur: The policy titled Pressure Injury and Skin Condition Assessment was reviewed by the IDT and determined to remain appropriate. Nurses were educated on the policy including completion of weekly wound assessments and physician notifications. The facility has designated a wound nurse who will oversee the wound program.</p> <p>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: An audit tool was created to monitor the completion of wound assessment and physician notification. The audit will be completed by DON or designee on five residents with wounds every week for 6 weeks, then every other week times 5, then monthly times two. Results of the audit will be reviewed by QA team during QAPI meetings. POC may be revised or updated, based on QA review, as needed to achieve, and maintain compliance. Audits may be discontinued after six months with at least two consecutive months of 100% compliance achieved.</p>		

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	<p>There was no other documentation of the chronic skin area on any other skin assessment.</p> <p>Skin Assessments were completed on the following days: 9/23/23 - No discoloration or impairments in skin integrity 10/5/23 - No discoloration or impairments in skin integrity 11/21/23 - No discoloration or impairments in skin integrity 12/2/23 - No discoloration or impairments in skin integrity</p> <p>A nurses note, dated 11/23/23, indicated "Resident has chronic neoplasm on her right lower leg that she has had for years, of recent is getting larger 4 cm x 5 cm , thick crusty surface , spoke with [name of POA (power of attorney)] want conseritive [sic] treatment like a topically [sic] cream , the NP (nurse practitioner) was inmformed [sic]".</p> <p>A wound assessment, dated 11/27/23, indicated the resident "has a history of a neoplasm at site with previous treatment" and the area on the right anterior calf was measured at 4.8cm x 3.3cm.</p> <p>A nurses note, dated 11/28/23, indicated "Notified NP regarding skin assessment and to advise on recommendation for referral to dermatology for suspected neoplasm of uncertain behavior on Residents right lower leg".</p> <p>In an anonymous interview on 12/4/23 at 8:19 A.M., it was indicated that Resident B had this wound prior to admission to the facility, and when she was admitted it was the size of a dime. It was indicated that family noticed that the wound had grown to the size of a fist during a visit with the</p>				<p>By what date the systemic changes for each deficiency will be completed: January 1, 2024</p>		

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	<p>resident the week of 11/13/23 and alerted staff to it.</p> <p>On 12/4/23 at 10:26 A.M., RN 15 indicated that chronic skin issues got documented in the weekly skin assessment even if the issue was not new in order to track changes.</p> <p>On 12/4/23 at 3:39 P.M., a current Pressure Injury and Skin Condition Assessment policy, dated 6/2022, indicated "pressure injuries and other ulcers ... will be assessed and measured at least every seven (7) days by a licensed nurse and documented in the resident's clinical record ... At the earliest sign of a pressure injury or other skin problem, the resident, legal representative, and attending physician will be notified".</p> <p>This citation relates to complaint IN00423065.</p> <p>3.1-40(a)(2) 3.1-40(a)(3)</p>						