

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

PRINTED: 01/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155716	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/10/2024
NAME OF PROVIDER OR SUPPLIER ENVIVE OF EVANSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 601 N BOEKE RD EVANSVILLE, IN 47711		
(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	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) for the Investigation of Complaint IN00423065 completed on December 6, 2023.</p> <p>This visit was in conjunction with a PSR to the State Residential Licensure Survey and Investigation of Residential Complaint IN00417446 completed on December 6, 2023. This visit was in conjunction to the PSR to the Recertification and State Licensure Survey and Investigation of Nursing Home Complaint IN00418710 completed on December 6, 2023.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00425278.</p> <p>Complaint IN00423065 - corrected.</p> <p>Survey dates: January 9 and 10, 2024</p> <p>Facility number: 000439 Provider number: 155716 AIM number: 100275070</p> <p>Census Bed Type: SNF/NF: 105 SNF: 10 Residential: 9 Total: 124</p> <p>Census Payor Type: Medicare: 12 Medicaid: 84 Other: 19 Total: 115</p> <p>Envive of Evansville was found to be in</p>	{F 000}			

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

TITLE

(X6) DATE

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 90 days 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 14 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 000}	Continued From page 1 compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00423065. Quality review completed January 12, 2024.	{F 000}			