

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

PRINTED: 12/28/2023
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 11/30/2023	
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 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 the Investigation of Complaint IN00422015 and IN00422092.</p> <p>Complaint IN00422015 - Federal/state deficiencies related to the allegations are cited at F726.</p> <p>Complllaint IN00422092 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 29 and 30, 2023</p> <p>Facility number: 000525 Provider number: 155468 AIM number: 100267010</p> <p>Census Bed Type: SNF/NF: 32 Total: 32</p> <p>Census Payor Type: Medicare: 3 Medicaid: 22 Other: 7 Total: 32</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 7, 2023.</p>			F 0000			
F 0726 SS=D Bldg. 00	<p>483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services</p>						

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

TITLE

(X6) DATE

Jodi Deann Sanders

Executive Director

12/12/2023

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>to assure resident safety and attain or maintain the highest practicable physical, 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)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on record review and interview, the facility failed to ensure sufficient on-duty staff were certified in cardio-pulmonary resuscitation (CPR-an emergency life-saving procedure that is done when someone's breathing or heartbeat has stopped) for 2 of 3 residents reviewed for emergent situations (Residents B and D).</p> <p>Findings include:</p>			F 0726	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. 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</p>		12/21/2023

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	<p>An anonymous interviewee indicated some residents have had CPR performed on them in the past few months, but no staff in the facility had CPR certification. The previous director had commented to a staff that no one had CPR certification and if something happened the director would be the one to administer CPR.</p> <p>1. Resident B's closed record was reviewed on 11/29/23 at 10:58 a.m. The profile indicated the resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD- a group of diseases that cause airflow blockage and breathing-related problems), pulmonary fibrosis (a lung disease that occurs when lung tissue becomes damaged and scarred), and coronary arteriosclerosis (plaque buildup in the wall of the arteries that supply blood to the heart).</p> <p>A physician's order, dated 3/14/22, indicated the resident was a full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive).</p> <p>A care plan, dated 3/3/22 and revised on 7/24/23, indicated the resident wished to be a full code. Interventions included, but were not limited to, CPR to be performed in event of cardiac/respiratory arrest (the state or condition of heartbeat or breathing being stopped).</p> <p>A progress note, completed by Registered Nurse (RN) 2, dated 7/22/23 at 12:45 a.m., indicated upon entering room to complete routine check the resident was found to have no visual or audible respirations and no palpable (felt) or audible heartbeat. The resident's code status was a full code. CPR was initiated at 12:50 a.m., and 911 (any</p>				<p>allegation of compliance.</p> <p>F726 Competent Nursing Services</p> <p>1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B and D had already expired prior to nursing staff entering the room.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified?</p> <p>No other residents were affected by the alleged deficient practice; however all residents that are full code have the potential to be affected.</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>All licensed nursing staff completed CPR certification. HR/Administrator/Designee to track licensed nursing staff certification dates to ensure proper certification is in place. All newly hired licensed nursing staff will</p>		

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	<p>situation that requires immediate assistance from the police, fire department or ambulance) was called. Emergency Medical Technicians (EMTs) arrived at 1:10 a.m. and took over CPR.</p> <p>2. Resident D's closed record was reviewed on 11/29/23 at 11:25 a.m. The profile indicated the resident's diagnoses included, but were not limited to, autistic disorder (a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave), dementia (he loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), and stage 3 chronic kidney disease (mild to moderate damage of the kidneys).</p> <p>A physician's order, dated 5/15/23, indicated the resident was a full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive).</p> <p>A care plan, dated 5/15/23 and revised on 10/12/23, indicated the resident wished to be a full code. Interventions included, but were not limited to, CPR to be performed in event of cardiac/respiratory arrest (the state or condition of heartbeat or breathing being stopped).</p> <p>A progress note, completed by Registered Nurse (RN) 2, dated 8/29/23 at 5:00 a.m., indicated staff entered the resident's room to complete routine check and get resident up for the day. Staff this nurse to room. Upon entering the room found resident to have no respirations and no audible heartbeat. The resident's code status was a full code. CPR was immediately initiated and 911 (any situation that requires immediate assistance from</p>				<p>present valid certification at time of hire.</p> <p>4 How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>The HR/Administrator/Designee will be responsible for monitoring/tracking licensed nursing staff CPR certification expiration dates. Should a concern be found, immediate corrective action will occur. Results of these reviews and corrective action will be discussed during the facility's monthly QA meetings. The place 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: December 21, 2023</p>		

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	<p>the police, fire department or ambulance) was called.</p> <p>A progress note, dated 8/29/23 at 5:08 a.m., indicated the ambulance arrived with 3 Emergency Medical Technician's (EMT's). CPR continued while they assessed the resident.</p> <p>During an interview, on 11/29/23 at 2:31 p.m., the Administrator (ADM) indicated after contact with RN 2, she was able to confirm that the RN did not have current CPR certification and did not have the certification when she performed CPR on Residents B and D. The facility did not track the staff's CPR certifications, nor did they offer CPR certification classes to the staff. At the same time, the ADM indicated she was not able to find a policy related to CPR certification.</p> <p>On 11/29/23 at 2:31 p.m., the ADM provided an undated document, titled, "Position Description: Director of Nursing," and indicated it was the current job description being used by the facility. The job description indicated, "Essential Position Functions...Certificates. Licenses, Registrations...Current CPR Certification...."</p> <p>On 11/29/23 at 2:31 p.m., the ADM provided an undated document, titled, "Position Description: Assistant Director of Nursing," and indicated it was the current job description being used by the facility. The job description indicated, "Essential Position Functions...Certificates. Licenses, Registrations...Current CPR Certification...."</p> <p>On 11/29/23 at 2:31 p.m., the ADM provided an undated document, titled, "Position Description: Unit Manager/Licensed Practical Nurse (LPN)," and indicated it was the current job description being used by the facility. The job description</p>						

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	<p>indicated, "Essential Position Functions...Certificates. Licenses, Registrations...Current CPR Certification...."</p> <p>On 11/29/23 at 2:31 p.m., the ADM provided an undated document, titled, "Position Description: Qualified Medication Aide (QMA)," and indicated it was the current job description being used by the facility. The job description indicated, "Essential Position Functions...Certificates. Licenses, Registrations...Current CPR Certification...."</p> <p>This citation relates to complaint IN00422015.</p> <p>3.1-14(s)</p>						