

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

PRINTED: 02/08/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155473		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF BERNE				STREET ADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711			
(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 IN00399250.</p> <p>Complaint IN00399250 - Substantiated. Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Survey date: January 24, 2023</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Census Bed Type: SNF/NF: 39 Total: 39</p> <p>Census Payor Type: Medicare: 5 Medicaid: 32 Other: 2 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 25, 2023</p>			F 0000	<p>PLAN OF CORRECTION FOR ENVIVE OF BERNE F000 INITIAL COMMENTS</p> <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 Complaint Survey IN00399250 completed on January 24, 2023.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of February 7, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by</p>						

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

TITLE

(X6) DATE

Shelley Miller

Chief Nursing Officer

02/04/2023

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>federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on interview and record review the facility failed to ensure food temperatures were monitored and documented for every meal. 39 of 39 residents residing in the facility received food from the kitchen.</p> <p>Findings Include:</p> <p>In an interview on 1/24/23 at 9:39 AM, Resident I, identified by the facility as interviewable, indicated the meals provided by the kitchen were not hot half the time.</p> <p>In an interview on 1/24/23 at 11:41 AM, Resident B, identified by the facility as interviewable, indicated the majority of the time the meals were not hot.</p> <p>In an interview on 1/24/23 at 11:49 AM, Resident E, identified by the facility as interviewable, indicated the meals were usually warm but not hot.</p>			F 0812	<p>F812 - Food Procurement, Store/Prepare/Serve-Sanitary SS=E</p> <p><i>"The facility failed to ensure food temperatures were monitored and documented for every meal. 39 of 39 residents residing in the facility received food from the kitchen."</i></p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>· No residents were affected by this alleged deficient practice.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be</p>		02/07/2023

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	<p>In an interview on 1/24/23 at 11:58 AM, Resident F, identified by the facility as interviewable, indicated the meals were often lukewarm or cold.</p> <p>In an interview on 1/24/23 at 12:15 PM, Resident G, identified by the facility as interviewable, indicated the meals provided by the kitchen were lukewarm, never hot, but could be warmer.</p> <p>In an interview on 1/24/23 at 12:42 PM, Resident J, identified by the facility as interviewable, indicated the meals were not very good as they were often lukewarm.</p> <p>In an interview on 1/24/23 at 10:21 AM, Dietary 2 indicated he took food temperatures prior to the food being served. They indicated 39 of 39 residents residing in the facility received food from the kitchen.</p> <p>Temperature logs, dated 1/1/23-1/23/23, were provided by the Dietary Manager on 1/24/23 at 11:06 AM. The logs indicated there were no food temperatures recorded for:</p> <p>1/1/23: breakfast and lunch 1/2/23: lunch 1/3/23: lunch 1/4/23: breakfast and lunch 1/5/23: lunch 1/6/23: breakfast and lunch 1/9/23: breakfast and lunch 1/10/23: breakfast and lunch 1/11/23: breakfast and lunch 1/12/23: breakfast and lunch 1/13/23: breakfast and lunch 1/17/23: breakfast and lunch 1/18/23: breakfast and lunch 1/20/23: breakfast and lunch</p>		<p>taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by this alleged deficient practice. No residents were affected by this alleged deficient practice. <p>3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> All Dietary Staff will be in-serviced on: <ul style="list-style-type: none"> "Kitchen Operations-Temperatures" 4. 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? <p>Dietary Manager/designee will audit the food temperature log daily Monday-Friday for 4 weeks, then 3x weekly for 8 weeks then twice weekly x3 months to ensure food temperatures are monitored and documented at every meal.</p> <p>The results of these audits will be reviewed by the QAPI committee overseen by the Executive Director for no less than six months. The results will be reviewed for patterns, trends and continued recommendations for process</p>				

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	<p>In an interview on 1/24/23 at 11:06 AM, the Dietary Manager indicated food temperatures should be taken and recorded for each meal.</p> <p>In an interview on 1/24/23 at 12:03 PM, Qualified Medication Assistant (QMA) 5 indicated residents complained about cold food daily. QMA 5 indicated she offered to heat up the residents food or an alternative item from the kitchen.</p> <p>A current policy, dated 12/2022, was provided by the Director of Nursing Services on 1/24/23 at 2:29 PM. The policy indicated: "Temperatures should be monitored and recorded on the weekly temperature record prior to the start of and throughout meal service to ensure adequate holding temperatures are maintained."</p> <p>This Federal citation is related to complaint IN00399520.</p> <p>3.1-21(i)(3)</p>				<p>monitoring and improvement until 100% compliance is achieved.</p> <p>5. Date of completion: 02/07/2023</p>		