

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

PRINTED: 10/16/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/19/2023	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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 Investigation of Complaints IN00417217 and IN00417071.</p> <p>Complaint IN00417071 - Federal/State deficiency related to the allegations are cited at F600.</p> <p>Complaint IN00417217 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 18 and 19, 2023.</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Census Bed Type: SNF/NF: 48 Total: 48</p> <p>Census Payor Type: Medicare: 6 Medicaid: 40 Other: 2 Total: 48</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 22, 2023.</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 Complaint Survey and conducted September 18-19, 2023.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of September 19, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this</p>						

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

TITLE

(X6) DATE

Eileen Thomas

Executive Director

10/06/2023

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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	<p>subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on record review and interview, the facility failed to prevent staff to resident abuse (CNA 1 and Resident C) for 1 of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>During an interview on 9/18/2023 at 12:36 p.m., Resident C indicated CNA 1 transported her from her room to the shower room while she was only wearing a bra. CNA 1 did not provide any covering of her exposed body parts. The resident told the CNA to stop, but the CNA did not stop, and told the resident they were almost to the shower room.</p> <p>The clinical record for Resident C was reviewed on 9/19/2023 at 9:05 a.m.. Diagnoses included chronic pain syndrome, cardiomyopathy, type 2 diabetes with diabetic neuropathy, Bell's Palsy, rheumatoid arthritis, depressive disorder and hypertensive heart disease.</p> <p>Review of the most current quarterly Minimum Data Set (MDS) assessment, dated 7/11/2023, indicated the resident was cognitively intact.</p> <p>During an interview on 9/19/2023 at 10:57 a.m., the Activity Director indicated she was coming out of</p>		F 0600	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The Activity Director immediately intervened during the occurrence and relieved the CNA of his duties, ensuring the resident's safety and contacted the DNS via cell phone. Administrator immediately notified and reporting completed on ISDH gateway.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</b></p> <p>All residents have the potential to be affected by the alleged deficient practice. Interviews were conducted and no other residents were identified to be affected.</p> <p><b>What measures will be put into place or what systemic changes will be made to</b></p>		09/19/2023	

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	<p>the laundry room when she saw and heard Resident C yelling at CNA 1 because she could feel herself being naked as he was pushing her in a shower chair to the shower room. The only thing the resident was wearing was a bra. The Activity Director said the incident was inappropriate. She followed them to the shower room, and CNA 1 left. She called the Director of Nursing (DON) and provided the resident with a shower. The Activity Director indicated the resident was visibly upset and crying.</p> <p>During an interview on 9/19/2023 at 11:33 a.m., the DON indicated she was in a meeting and received a call from the Activity Director, requesting her to come to the 400 Hall shower room. When she arrived to the shower room, Resident C told her CNA 1 had pushed her down the hallway with nothing on. The resident was wearing a sports bra but nothing else. The Activity Director told her she had heard the resident yelling for CNA 1 to stop. The resident was upset. The DON went to the Administrator and reported the incident. CNA 1 came with her and told the Administrator he had transported the resident to the shower room without cover and the resident had told him to stop. CNA 1 indicated he had a lapse in judgement.</p> <p>Review of a current policy, dated 9/2022, titled "Resident Abuse, Neglect and Exploitation Procedural Guidelines" indicated the following: " .... Purpose...Envive Healthcare (EHC) has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged=ed resident abuse and neglect. ...."</p> <p>This Federal tag relates to Complaint IN00417071.</p>				<p><b>ensure that the deficient practice does not recur?</b> Training regarding resident dignity was immediately implemented, as well as has been on-going monthly since the time of the occurrence. CNA was terminated from employment for violation of failing to promote and protect resident dignity. Monthly All Staff Inservices are conducted, and Abuse and Abuse reporting are always in the agenda each month.</p> <p><b>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?</b> ED/Designee is responsible for the continued monitoring of all potential abuse, neglect or exploitation. All allegations of abuse will continue to be reported utilizing the IDOH Gateway reporting system. ED/Designee will ensure that QA tool is completed monthly for no less than 6 months.</p>		

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	3.1-27(a)(1)						