

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

PRINTED: 12/06/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155077		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/29/2024	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP COD 45 BEACHWAY DR INDIANAPOLIS, IN 46224			
(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 IN00444564.</p> <p>Complaint IN00444564 - Federal/state deficiencies related to the allegations are cited at F584.</p> <p>Survey dates: October 29, 2024</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census Bed Type: SNF/NF: 113 Total: 113</p> <p>Census Payor Type: Medicare: 3 Medicaid: 100 Other: 10 Total: 113</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 8, 2024.</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 conducted October 29, 2024.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of February 29, 2024. The provider respectfully <u>requests desk review with paper compliance</u> to be considered in establishing that the provider is in substantial compliance.</p>		
F 0584 SS=E Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment</p> <p>Based on interview, observation, and record review, the facility failed to ensure call light devices with a pull cord were installed in the residents' bathrooms for 7 of 60 of the residents' bathrooms without a call light device and 9 of 60</p>			F 0584	<p>1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>• Maintenance installed pull cords</p>		11/19/2024

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

TITLE

(X6) DATE

Gregory S Otter

Executive Director

11/23/2024

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>residents' bathrooms without a pull cord on the bathroom call light devices reviewed.</p> <p>Findings include:</p> <p>On 10/29/24 at 10:48 a.m., Resident B indicated there was not a pull cord on his bathroom call light in the bathroom. If he fell while in the bathroom, he would not be able to reach the bathroom call light to call for staff assistance. The bathroom call light was observed without a pull cord.</p> <p>On 10/29/24 at 11:11 a.m., Resident C was observed in her room and indicated her bathroom did not have a call light device to call for staff, if needed. Resident C's bathroom was observed without a call light device.</p> <p>During an environmental tour with the Executive Director (ED) and Maintenance Director, on 10/29/24 at 1:45 p.m., the ED indicated all the residents' bathrooms should have a call light switch and a pull cord for the residents to call for staff assistance. The ED and Maintenance Director observed the following residents' bathrooms without a call light device in the bathrooms: A2, C1, C2, C3/C5 shared bathroom, C4/C6 shared bathroom, C8/C10 shared bathroom, and C7/C9 shared bathroom. The ED observed the following bathrooms with call light devices, but no pull cords on the device in the residents' bathrooms: A3, A10, A19/A21 shared bathroom, B7/B9 shared bathroom, B8/B10 shared bathroom, B14/B16 shared bathroom, C12/C14 shared bathroom, D17/D19 shared bathroom, D18/D20 shared bathroom.</p> <p>On 10/29/24 at 3:10 p.m., the ED indicated the facility was being renovated, including the</p>				<p>for the call light boxes in the rooms/bathrooms: A3, A10, A19/21, B7/9, B8/10, B14/16, C12/14, D17/19, D18/20.</p> <ul style="list-style-type: none"> • Maintenance installed a call light box with pull cords in room/bathroom: A2. • Facility initiated 15 minute checks on the rooms/bathrooms without a bathroom call light box: C1, C2, C3/5, C4/6, C7/9, C8/10. 15 minute checks will be discontinued when new bathroom call light boxes are installed and operational. • New call light boxes were ordered for remaining rooms/bathrooms still without a bathroom call light box: C1, C2, C3/5, C4/6, C7/9, C8/10. • New call light boxes were delivered to the facility and installed in all rooms/bathrooms missing a call light box (C1, C2, C3/5, C4/6, C7/9, C8/10) on November 18, 2024. <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 taken.</p> <p>All residents residing in the rooms with a bathroom without a call light box have the potential to be affected by this cited issue.</p> <p>3: What measures will be put into</p>		

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	<p>residents' bathrooms. The facility staff were assigned residents' rooms and bathrooms to review weekly, but no one had mentioned the bathrooms call lights and pull cords were not installed in the bathrooms. All the residents' bathrooms should have a bathroom call light with a pull cord.</p> <p>The ED provided and identified a document as a current facility policy, on 10/29/24 at 12:00 p.m., titled "Envive Healthcare Policies and Procedures Manual," dated 8/2024. The policy indicated, " ...Scope: Applies to all buildings ...Subject: Answering the Call Light ...Purpose: The purpose of this procedure is to ensure timely responses to the resident's requests and needs ...General Guidelines ...1. Upon admission and periodically as needed, explain and demonstrate use of the call light to the resident ...2. Ask the resident to return the demonstration ...3. Explain to the resident that a call system is also located in his/her bathroom ...4. Be sure that the call light is plugged in and functioning at all times ...5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor ...6. Report all defective call lights to the nurse supervisor promptly"</p> <p>This citation relates to Complaint IN00444564.</p> <p>3.1-9(a) 3.1-19(f)</p>				<p>place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Maintenance Director or Designee will audit all bathrooms at least 5 times weekly for 4 weeks to ensure resident bathroom call light boxes with pull cords are in place and operational and report any concerns during the facility morning meeting. Any identified concerns will be promptly addressed. Thereafter, Maintenance Director or Designee will audit all bathrooms weekly for 2 months to ensure resident bathroom call light boxes with pull cords are in place and operational and report any concerns during the facility morning meeting with any identified concerns promptly addressed.</p> <p>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> <p>Maintenance Director or Designee will provide the audit results to the Quality Assurance Committee during monthly meetings for review x6 months, or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends</p>		

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					or patterns and make recommendations to revise the plan of correction as indicated.		