

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

PRINTED: 11/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155859		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/27/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF BEECH GROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 was an offsite Licensure Investigation Survey</p> <p>Survey Date: October 27, 2023</p> <p>Facility: #000391 Provider: #155859 AIM: #100274990</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed October 27, 2023</p>			F 0000	<p>This Plan of Correction is the Providers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		
F 9999 Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on September 30, 2023</p>			F 9999	<p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice;</p> <p>It is the consistent practice of this Provider to ensure that the facility license is kept up to date and submitted timely. This Provider provided the IDOH with application renewal and payment for current facility license. Facility license has been received and is current and in good standing.</p> <p>How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action will be taken;</p>		10/31/2023

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

TITLE

(X6) DATE

David Benson

Ex

11/05/2023

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 disclosable 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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	The state agency received the facility's renewal application and payment post marked October 21, 2023, which was not at least 45 days of the current license expiration date of September 30, 2023.		<p>All residents residing at this facility have the potential to be affected by the alleged deficient practice.</p> <p>This Provider provided the IDOH with application renewal and payment for current facility license. Facility license has been received and is current and in good standing.</p> <p>What measures will be put into place and what systematic changes will be made to ensure that the alleged deficient practice does not recur;</p> <p>The Executive Director has added electronic calendar notification to be notified 60 day prior to facility licensure expiration to ensure renewal application has been received, completed and processed prior to 45 days of expiration of current facility license.</p> <p>How will the corrective actions be monitored or QA will be put into place to ensure the alleged deficient practice will not recur;</p> <p>The IDT team will review the current standing of the facility licensure at the QA monthly meeting to ensure facility licensure is active, in good standing and status of any upcoming expiration date. The Executive Director will be responsible for monitoring and ensuring compliance with the</p>		

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R 0000 Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: October 27, 2023</p> <p>Facility: #000391</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 27, 2023</p>			R 0000	<p>facility license.</p> <p>This Plan of Correction is the Providers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		
R 9999 Bldg. 00	<p>16.2-5-1.1 Licenses</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on September 30, 2023.</p> <p>The agency received the facility's renewal application and payment post marked October 21, 2023, which was not at least 45 days of the current license expiration date of September 30, 2023.</p>			R 9999	<p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice; It is the consistent practice of this Provider to ensure that the facility license is kept up to date and submitted timely. This Provider provided the IDOH with application renewal and payment for current facility license. Facility license has been received and is current and in good standing.</p> <p>How other residents having the potential to be affected by the same alleged deficient practice will be identified and what</p>		10/31/2023

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					ensuring compliance with the facility license.		