

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

PRINTED: 08/18/2022
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 07/27/2022	
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 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 visit was for Investigation of Complaints IN00385994 and IN00386469-. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00385994 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00386469 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 26 and 27, 2022</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Census Bed Type: SNF/NF: 46 Total: 46</p> <p>Census Payor Type: Medicare: 18 Medicaid: 28 Total: 46</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 29, 2022.</p>			F 0000	<p>Plan of Correction FOR Envive of Anderson</p> <p>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 IN00386469 completed on 7/27/2022.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of, August 12, 2022. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of</p>						

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

TITLE

(X6) DATE

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>a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on record review and interview the facility failed to ensure wound treatments were provided per physician order for 2 of 4 residents reviewed for wound care. (Resident B and Resident D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 7/26/2022 at 9:30 a.m. Diagnoses included, but were not limited to, stage 4 pressure ulcer of sacral region, bipolar disorder, anxiety disorder and disruption of internal surgical wound.</p> <p>Review of the physician orders and Treatment Administration Record (TAR) for June 2022 indicated the resident had the following orders and concerns:</p> <p>a. "Right buttocks interior-Cleanse wound with normal saline. Apply nickel thick layer of Santyl. Cover with moist gauze and optifaom dressing. Secure with dressing retention tape. Every evening shift." Start date 6/11/2022. End date 6/24/2022.</p> <p>There was no documentation to indicate the treatment was provided on June 13, 2022.</p>			F 0686	<p>F686 – Treatment/SVCS to Prevent/Heal Pressure Ulcer</p> <p>"Based on record review and interview the facility failed to ensure wound treatments were provided per physician order for 2 of 4 residents reviewed for wound care. (Resident B and Resident D)."</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>- B is no longer in the facility. Resident D was assessed head to toe and no new areas were noted. MD was notified and no new orders were given.</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 taken.</p> <p>- All residents with wounds have the potential to be</p>		08/12/2022

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	<p>b. "Wound Care: NPWT to coccyx at 125 mmHg continuous. Change every Monday, Wednesday, Friday and PRN (as needed) soilage, displacement, or leakage. ever day shift every Mon., Wed., Fri. for Stage IV" Start date 6/11/2022. End date 7/19/2022.</p> <p>There was no documentation to indicate the treatment was provided on June 15, 17, 24 or 27,2022.</p> <p>c. "When wound vac supplies arrive for left hip, DC (discontinue) hydrofera blue orders and apply wound vac. Change wound vac dressing Monday, Wednesday and Friday and PRN as needed for displacement or leakage. DC is order once wound vac has arrived and applied every shift related to pressure ulcer of sacral region stage 4" Start date 6/11/2022. End Date 7/5/2022.</p> <p>There was no documentation to indicate the treatment was provided on Day shift on June 15, 17, 21, 23, 24, 27 and 28, 2022 on day shift, on June 25 and 17, 2022 on evening shift and on June 14, 17 and 24, 2022 on evening shift.</p> <p>2. The clinical record for Resident D was reviewed on 7/27/2022 at 9:00 a.m. Diagnoses included, but were not limited to, multiple sclerosis, anorexia, and bipolar disorder.</p> <p>Review of the July 2022 TAR, indicated the following orders and concerns: a. "Cleanse left sacral area with normal saline. Apply hydrogel gauze to wound bed. Cover with optifoam and secure with dressing retention tape. every night shift for skin irritation." Start date 7/17/2022. End date 7/17/2022.</p>				<p>affected by the alleged deficient practice.</p> <p>- DNS/designee will audit all current residents with wounds by 8/12/2022 to ensure wound treatment orders are in place and completed and documented per physician order.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>- DNS/designee will review TARs daily during clinical meeting (Mon-Fri) to ensure wound treatment orders are in place and have been completed and documented per physician order.</p> <p>- All licensed clinical staff will be in-serviced on: o "Skin/Wound Policy"</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>- DHS/designee will audit 5 residents with wounds daily (Mon-Fri) x4 weeks, then three times a week x4 weeks, then twice a week x4 weeks, then weekly x3 months to ensure wound treatments are in place and being completed and documented</p>		

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	<p>There was no documentation to indicate the treatment was provided on July 11, 12, 13, 14, 15, 16, 2022.</p> <p>There was documentation on July 17, 23, 25 and 26, 2022 that the treatment was completed after the order stop date.</p> <p>During an interview on 7/27/2022 at 12:04 p.m., the DON indicated the treatments should have been given as ordered and documented as such.</p> <p>Review of a current policy, dated July 2017, titled "Charting and Documentation" indicated the following: "...Policy Interpretation and Implementation ... 2. The following information is to be documented in the resident medical record: ... c. Treatments or services performed. ..."</p> <p>This policy was provided by the Corporate Clinical Support on 7/27/2022 at 2:45 p.m. No further information was provided.</p> <p>This Federal tag relates to Complaints IN00385994.</p> <p>3.1-37(a)</p>				<p>as ordered.</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 monitoring and improvement until 100% compliance is achieved.</p> <p>5. Date of completion: 08/12/2022</p>		