

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

PRINTED: 04/16/2024

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 03/14/2024	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP COD 45 BEACHWAY DR INDIANAPOLIS, IN 46224			
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F 0000  Bldg. 00	<p>This visit included the Investigation of Complaint IN00429920 and IN00429204.</p> <p>Complaint IN00429920 - Deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00429204 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 13 and 14, 2024.</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 1 Medicaid: 85 Other: 4 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 21, 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 March 13-14, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of March 29, 2024. The <u>provider respectfully requests desk review with paper compliance</u> to establish that the provider is in substantial compliance.</p>		
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,						

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

TITLE

(X6) DATE

Gregory S Otter

Executive Director

04/01/2024

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>including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, record review, and interviews, the facility failed to protect a resident's right to smoke cigarettes which had the potential to affect 1 of 4 residents reviewed for smoking</p>			F 0550	1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient		03/29/2024

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	<p>(Resident B).</p> <p>Findings include:</p> <p>On 3/13/24 at 11:30 a.m., Resident B was observed sitting in his wheelchair in the lounge with his phone in his hand. He indicated he was getting ready to call the state because he was upset over not being able to smoke cigarettes. He indicated one time he was out front, smoking with a friend and he was told to come back inside. Resident indicated he wanted to smoke.</p> <p>A record review was completed for Resident B on 3/13/24 at 12:00 p.m. He had the following diagnoses, which included but were not limited to, cerebral palsy (a group of conditions that affect movement and posture caused by damage that occurs to the developing brain, most often before birth), paraplegia (paralysis of legs but not arms), obstructive sleep apnea (OSA), gastro-esophageal reflux disease (GERD), nicotine dependence, hyperlipidemia (HLD), peripheral vascular disease (PVD), type 2 diabetes mellitus, and osteoarthritis (OA).</p> <p>Resident B had a care plan dated 8/11/22. It indicated, "I desire to use tobacco products: nicotine dependence...Current smoking privileges had been suspended at this time due to unsafe smoking." Interventions included informing the resident and his visitors of the smoking policy as needed, immediately inform management of smoking, offer a stop smoking aid as appropriate, provide resident/resident representative with smoking policy, and storage of smoking material per living center policy.</p> <p>On 3/13/24 at 12:05 p.m., the Vice President of Clinical Services (VPCS) indicated Resident B was</p>				<p><b>practice?</b></p> <ul style="list-style-type: none"> <li>·Resident B was found to be affected by alleged deficient practice.</li> <li>·Resident B immediately had smoking assessment completed on March 14, 2024, physician order received and entered, interventions placed, and care plan updated to reflect change.</li> </ul> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>·Non-smoking residents have the potential to be affected by the alleged deficient practice.</li> <li>·All residents interviewed for the want/desire to smoke completed on/before March 25, 2024. No additional residents voiced the desire to smoke.</li> </ul> <p><b>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·DNS, SS, and activities director educated on the following policies: <ul style="list-style-type: none"> <li>·Resident Rights</li> <li>·Smoking Policy</li> </ul> </li> <li>·Smoking assessments will be completed on admission, readmission, quarterly and during care plan meetings.</li> <li>·Envive Care Conference Review Assessment was updated and</li> </ul>		

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	<p>assessed by the inter-disciplinary team (IDT) and decided he was no longer safe to smoke.</p> <p>On 3/13/24 at 3:03 p.m., the VPCS provided a copy of the IDT note, dated 8/11/22 at 10:21 a.m. It indicated Social Worker (SS) was notified by the Activity Director of Resident B becoming lethargic and nodding off during a smoke break. IDT discussed safety concerns regarding smoking. IDT discussed Resident B was unsafe to smoke at current time. Resident B was educated on risks of smoking while nodding off, discussed safety concerns, discussed it was no longer safe to smoke. Discussed smoking privileges had been suspended. Resident B became upset but expressed understanding of no longer being able to smoke. Resident B was offered a smoking patch or gum. Resident B requested gum.</p> <p>On 3/13/24 at 3:05 p.m., Resident B indicated he never was given any gum to help him quit smoking.</p> <p>On 3/14/24 at 9:40 a.m., the VPCS indicated he could not find where an order was put in to provide Resident B with a stop smoking aid, such as gum. He indicated a new smoking assessment was completed for Resident B and his care plan was updated allowing him to smoke. New interventions were to provide supervision with smoking and a smoking apron.</p> <p>On 3/14/24 at 11:30 a.m. Resident B indicated he was happy and smoked a cigarette yesterday evening.</p> <p>A policy titled; "Resident Rights" revised 2/11 was provided by the VPCS on 3/14/24 at 12:00 p.m. It indicated, " ...Residents will be supported by</p>				<p>implemented immediately to reflect changes made.</p> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>ED/SS/Designee will complete an audit/review on all new admissions, readmission, and care conference reviews x6 months and ongoing to ensure concerns related to resident right/desire to smoke is assessed, reviewed and granted/upheld.</li> <li>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.</li> </ul>		

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	the facility in exercising his or her rights ....".  A policy titled; "Smoking Policy" revised 8/22 was provided by the VPCS on 3/14/24 at 12:00 p.m. It indicated, " ...The facility must establish an area designated for residents to smoke ....".  This citation relates to Complaint IN00429920.  3.1-3(a)						