

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

PRINTED: 10/04/2022

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155473 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 09/11/2022 | |
| NAME OF PROVIDER OR SUPPLIER ENVIVE OF BERNE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711 | | | |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00389080. This visit included a COVID-19 Infection Control Survey.</p> <p>Complaint IN00389080 - Substantiated. Federal/state deficiencies related to the allegations are cited at F561 and F690</p> <p>Survey dates: September 11, 2022</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicare: 6 Medicaid: 22 Other: 8 Total: 36</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 13, 2022</p> | | | F 0000 | <p>Plan of Correction FOR Envive of berne</p> <p>F0000 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 IN00389080 conducted Sept. 11, 2022.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of, Sept 24, 2022. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> | | |
| F 0561 SS=D Bldg. 00 | <p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) 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 that 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 30 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>this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on interview and record review the facility failed to ensure 3 of 3 residents reviewed received at least 2 showers weekly. (Resident F, Resident G, Resident I)</p> <p>An interviewable list of residents was provided by the Vice President of Clinical Services on 9/11/22 at 1:20 PM. The list indicated Resident F and Resident G were interviewable.</p> <p>1. In an interview on 9/11/22 at 12:20 PM, Resident F indicated most of the time she had received a shower at least 2x weekly.</p> <p>A point of care audit report, dated 7/11/22 - 9/9/22, was provided by the Director of Nursing (DON)</p> | | | F 0561 | <p>F 561 Self-Determination SS=D</p> <p><i>"Based on interview and record review the facility failed to ensure 3 of 3 residents reviewed received at least 2 showers weekly. (Resident F, Resident G, Resident I)"</i></p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>- All residents affected by this alleged deficient practice were provided showers and preferences</p> | | 09/24/2022 |

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| | <p>on 9/11/22 at 2 PM. The report indicated Resident F was not given/offered a shower at least 2x a week for the following dates:</p> <p>8/21/22-8/27/22: a shower was given only on 8/26/22</p> <p>8/28/22- 9/3/22: a shower was given only on 9/2/22</p> <p>2. In an interview on 9/11/22 at 12:02 PM, Resident G indicated he had not received showers at least 2x weekly.</p> <p>A point of care audit report, dated 7/11/22-9/10/22, indicated Resident G was not given/offered a shower at least 2x a week for the following dates:</p> <p>7/24/22-7/30/22: a shower was given only on 7/30/22</p> <p>7/31/22- 8/6/22: a shower was given only on 8/6/22</p> <p>8/7/22- 8/13/22: no showers were given</p> <p>8/14/22- 8/20/22: no showers were given</p> <p>8/21/22- 8/27/22: a shower was given only on 8/27/22</p> <p>8/28/22- 9/3/22: a shower was given only on 8/31/22</p> <p>9/4/22- 9/10/22: shower was given only on 9/7/22</p> <p>3. In an interview on 9/11/22 at 11:05 AM, Resident I indicated he had not received showers at least 2x a week.</p> <p>A point of care audit report, dated 7/13/22 - 9/10/22, indicated Resident I was not given/offered a shower at least 2x a week for the following dates:</p> <p>8/7/22-8/13/22: a shower was given only on 8/10/22</p> <p>8/28/22- 9/3/22: a shower was given only on 8/31/22</p> | | | | <p>documented.</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> <ul style="list-style-type: none"> - All residents have the potential to be affected by the alleged deficient practice. - All current residents were audited for recent showers. All residents found to have showers per schedule and preferences documented. <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> <ul style="list-style-type: none"> - All clinical staff were in-serviced on: <ul style="list-style-type: none"> o "Bathing Preference" Policy <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> <ul style="list-style-type: none"> - DHS/designee will audit shower schedule completion on all residents daily M-F x8 weeks, then weekly x8 weeks then monthly times x2 months to ensure residents are receiving showers per their preference and documented schedule. | | |

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| F 0690 SS=D Bldg. 00 | <p>9/4/22- 9/10/22: a shower was given only on 9/7/22</p> <p>In an interview on 9/11/22 at 11:55 AM, LPN 3 indicated residents received showers 2x a week unless requested differently.</p> <p>In an interview on 9/11/22 at 12:33 PM, CNA 4 indicated residents received showers 2-3x a week. CNA 4 indicated when a resident refused a shower, then multiple staff will attempt to ask the resident and the staff would document the refusals.</p> <p>In an interview on 9/11/22 at 2:14 PM, CNA 2 indicated residents received showers at least 2x weekly.</p> <p>A policy, titled "Bathing Preference, dated 9/2022, was provided by the DON on 9/11/22 at 3:08 PM. The policy indicated ..."bathing shall occur at least twice a week unless resident preference states otherwise."</p> <p>This Federal citation is related to Complaint IN00389080.</p> <p>3.1-3(u)(1)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's</p> | | | | <p>- The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p> <p>5. Date of completion: 09/24/2022</p> | | |

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| | <p>comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on interview and record review the facility failed to ensure a urinalysis (UA) was followed up on for 1 of 3 residents reviewed (Resident D).</p> <p>A record review was completed for Resident D on 9/11/22 at 1:28 PM. An order, dated 8/5/22, indicated to collect a UA with culture if needed.</p> <p>A nursing note, dated 8/7/22, indicated a UA was completed and sent to the hospital.</p> <p>An order, dated 8/22/22, indicated to start doxycyclin (antibiotic) 100 mg one by mouth, 2x daily x 7 days for Urinary Tract Infection (UTI).</p> | | | F 0690 | <p>F 690 Bowel/Bladder Incontinence, Catheter, UTI SS=D</p> <p><i>"Based on interview and record review the facility failed to ensure a urinalysis (UA) was followed up on for 1 of 3 residents reviewed (Resident D)."</i></p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>- Following provider notification, the resident affected</p> | | 09/24/2022 |

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| | <p>In an interview on 9/11/22 at 11:15 AM, LPN 3 indicated once a UA was collected it would be sent to the lab immediately. LPN 3 also indicated once results were received, the doctor would be notified and give orders if needed.</p> <p>In an interview on 9/11/22 at 1:59 PM, the Director of Nursing (DON) indicated once a UA was sent to the hospital, results were usually available within 12 hours. The DON indicated when results are not received within 12 hours the staff were expected to follow up with the hospital. The DON also indicated once the UA results were received, the Nurse Practitioner was to be notified whether the results were normal or abnormal.</p> <p>A policy, titled "Provider Notification Guidelines," dated 8/2022, was provided by the Vice President of Clinical Services on 9/11/22 at 3:13 PM. The policy indicated ... "ordered lab and/or diagnostic tested should be completed in a timely manner." The policy also indicated.. "the provider should be notified of critical lab results or an immediate need by phone as soon as the results are known with a response received before the call is completed when possible. If staff are unable to reach the primary provider, the Medical Director should be notified."</p> <p>This Federal citation is related to Complaint IN00389080.</p> <p>3.1-41(a)(2)</p> | | | <p>by this alleged deficient practice was treated for UTI.</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> <ul style="list-style-type: none"> - All residents have the potential to be affected by the alleged deficient practice. - All current residents with orders for urinalysis were audited to ensure results were communicated to provider and orders in place if indicated. No other residents found to have UAs not followed up on. <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> <ul style="list-style-type: none"> - All licensed clinical staff were in-serviced on: <ul style="list-style-type: none"> o "Provider Notification Guidelines" <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> <ul style="list-style-type: none"> - DHS/designee will audit UA lab results on all residents daily M-F x8 weeks, then weekly x8 weeks then monthly times x2 | | | |

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| | | | | <p>months to ensure providers are notified of UA results and treatments in place if indicated.</p> <p>- The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p> <p>5. Date of completion: 09/24/2022</p> | | | |