

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

PRINTED: 01/28/2025
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 -- B. WING		X3) DATE SURVEY COMPLETED 01/09/2025	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF BEECH GROVE				STREET ADDRESS, CITY, STATE, ZIP COD 501 N 17TH AVE BEECH GROVE, IN 46107			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/09/25</p> <p>Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990</p> <p>At this Emergency Preparedness survey, Envive of Beech Grove was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 52 certified beds. At the time of the survey, the census was 44.</p> <p>Quality Review completed on 01/13/25</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/09/25</p> <p>Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990</p> <p>At this Life Safety Code survey, Envive of Beech Grove was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

David Benson

Executive Director

01/24/2025

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 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>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997, was determined to be of Type II (000) construction and fully sprinklered. Building 0102 had hard wired smoke detectors located near smoke barriers and in all resident sleeping rooms. Building 0202, consisting of the first floor of the fully sprinklered three story building with a basement adjacent to the health care center, and separated by a two hour wall was determined to be of Type I (332) construction. The first floor and the basement of the adjacent building which was constructed in 1959 was surveyed due to customary access to the chapel and Salon in the building. Building 0202 had a complete corridor smoke detection system. Building 0302 is a split level facility consisting of the Therapy Wing addition with each of the two floors exiting at ground level was determined to be of Type V (111) construction and fully sprinklered. The Therapy Wing addition was constructed in 2015 and has a fire alarm system with hard wired smoke detection located near smoke barriers. The facility has a capacity of 52 and had a census of 44 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p>						

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K 0100 SS=E Bldg. 01	<p>Quality Review completed on 01/13/25</p> <p>NFPA 101 General Requirements - Other</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 corridor door sets had no impediment to closing and latching into the door frame. LSC 4.6.12.3 requires existing life safety features obvious to the public if not required by the Code, shall be either maintained or removed. This deficient practice could affect over 20 residents, staff and visitors in the vicinity of the corridor door set by the elevator.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director, the Facilities Operations Manager and the Maintenance Director during a tour of the facility from 12:25 p.m. to 1:15 p.m. on 01/09/25, the north door in the corridor door set by the elevator was equipped with a self closing device and latching hardware at the top of the door but the door would not fully self close and latch into the door frame when tested to close multiple times. Based on interview at the time of the observations, the Facilities Operations Manager agreed the north door in the corridor door set would not fully self close and latch into the door frame when tested to close multiple times.</p> <p>These findings were reviewed with the Executive Director and the Facilities Operations Manager during the exit conference.</p> <p>3.1-19(b)</p>			K 0100	<p>K100 General Requirements – it is the consistent practice of this Provider to ensure corridor door sets have no impediment to closing and latching into the door frame.</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice;</i></p> <p>The identified door (north door in the corridor door set by the elevator) was adjusted my maintenance to ensure that the door would fully self close and properly latch into the door frame.</p> <p><i>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;</i></p> <p>All residents residing in the facility have the potential to be affected by the same alleged deficient practice. The identified door (north door in the corridor door set by the elevator) was adjusted my maintenance to ensure that the door would fully self close and properly latch into the door frame.</p> <p><i>What measures will be put into place and what systematic changes will be made to ensure</i></p>		01/10/2025

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K 0920 SS=D Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Based on observation and interview, the facility failed to ensure multiplug adaptors and extension	K 0920	<p><i>that the alleged deficient practice does not recur;</i></p> <p>The identified door (north door in the corridor door set by the elevator) was adjusted my maintenance to ensure that the door would fully self close and properly latch into the door frame. The maintenance team was inserviced on K100 requirements as it relates to the requirements of required doors to properly self close and latch into the door frame.</p> <p><i>How will the corrective actions be monitored or QA will be put into place to ensure the alleged deficient practice will not recur;</i></p> <p>To ensure ongoing compliance, the Maintenance Director and/or Designee is responsible for the completion of the Door latching audit tool weekly times 4 weeks, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, a new action plan will be developed to ensure compliance.</p> <p>K920 Electrical equipment – it is the consistent practice of this</p>	01/10/2025	

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	<p>cords including power strips were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect 2 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director, the Facilities Operations Manager and the Maintenance Director during a tour of the facility from 12:25 p.m. to 1:15 p.m. on 01/09/25, the following was noted:</p> <p>a. a lamp, a reclining chair, a radio and a cell phone charging cable were plugged into a power strip</p>				<p>Provider to ensure multiplug adaptors and extension cords including power strips are not used as a substitute for fixed wiring.</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice;</i></p> <p>The power strip located in room 133 that a family member installed was immediately removed and no longer in use.</p> <p>The multiplug adaptor located in room 143 that was installed by a family member was immediately removed and no longer in use.</p> <p><i>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;</i></p> <p>All residents with outlet plugs in their rooms have the potential to be affected by the same alleged practice.</p> <p>Resident room by room audit was completed to ensure no multiplug adaptors and extensions cords including power strips were in place or being used.</p> <p><i>What measures will be put into place and what systematic changes will be made to ensure that the alleged deficient practice does not recur;</i></p> <p>A letter was sent out to residents and family members providing</p>		

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K 0000 Bldg. 02	<p>placed on the floor three feet from the resident bed nearest the corridor door in resident sleeping Room 133. The UL listing of the power strip could not be determined.</p> <p>b. a lamp and three separate cell phone charging cables were plugged into a multiplug adaptor which was plugged into an electrical receptacle in a wall mounted outlet box by the resident bed nearest the corridor door in resident sleeping Room 143.</p> <p>Based on interview at the time of the observations, the Facilities Operations Manager agreed power strip was being used in the patient care vicinity for non-PCREE and multiplug adaptors were also being used as a substitute for fixed wiring in the aforementioned two resident sleeping rooms.</p> <p>These findings were reviewed with the Executive Director and the Facilities Operations Manager during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p>			K 0000	<p>them with education and reminding them that no extensions, power strips or multi plug adapters are allowed to brought in and used in resident rooms.</p> <p>Upon admission, the admission director will also communicate this issue when completing new admission paperwork with family members and/or residents.</p> <p><i>How will the corrective actions be monitored or QA will be put into place to ensure the alleged deficient practice will not recur;</i></p> <p>To ensure ongoing compliance, the Maintenance Director and/or Designee is responsible for the completion of the Resident outlet audit tool weekly times 4 weeks, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, a new action plan will be developed to ensure compliance.</p>		

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K 0000 Bldg. 03	<p>capacity of 52 and had a census of 44 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p> <p>Quality Review completed on 01/13/25</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/09/25</p> <p>Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990</p> <p>At this Life Safety Code survey, Envive of Beech Grove was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997, was determined to be of Type II (000) construction and fully sprinklered. Building 0102 had hard wired smoke detectors located near</p>			K 0000			

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