STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00460578. Complaint IN00460578 - Federal/state deficiencies related to the allegations are cited at F689 and F684. Survey dates: June 2 and 3, 2025 Facility number: 000032 Provider number: 155077 AIM number: 100273330 Census Bed Type: SNF/NF: 103 Total: 103 Census Payor Type: Medicare: 2 Medicaid: 20 Other: 81 Total: 103 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 11, 2025.	F 0000	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 an abatement plan to respond to the allegation of noncompliance for an incident dated May 19, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance as of May 25, 2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0684 SS=G Bldg. 00	483.25 Quality of Care Based on interview and record review, the facility failed to obtain timely treatment and assessments of a full thickness burn to a resident's left foot resulting in actual harm when the resident required hospitalization and surgical interventions at an acute care hospital for 1 of 4 reviewed for	F 0684	**1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** 1 resident was affected by	06/04/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandon Back		07/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	timely care and treatment (Resident B). Findings include: During an interview on 6/2/25 at 12:07 p.m., Resident B indicated on 5/19/25 his left foot was burned when the nurse was providing wound care. He indicated the nurse brought over a basin of water for him to soak his foot in prior to applying a treatment to the sore on the bottom of his left foot. When he put his foot into the water, he felt like it was too hot and pulled his foot out. The nurse told him she had felt the water, and it was not too hot, but to hold on and she would go get some supplies. She had been out of the room for a couple of minutes when she passed by his door and told him to go ahead and try again. She had not checked the water temperature. When he returned his foot into the water, it felt hot but tolerable. When she returned about five minutes later, she was surprised to see a blister on the top of his foot. His feet were numb a lot because of his diabetes, and he had not realized the water was still hot. Cross reference F689. A review of Resident B's clinical record was completed on 6/2/25 at 10:53 a.m. Diagnoses included burn of unspecified degree of left foot, diabetes mellitus type II, and degenerative disease of the nervous system. A nurse practitioner progress note completed by Nurse Practitioner (NP) 2, dated 5/19/25 at 3:30 p.m. and created on 5/24/25 at 8:18 p.m., included Resident B was seen at the request of nursing for a blister to his left foot. The resident " ...was found seated with both feet resting on a towel and a wash basin visibly placed in front of the patient.		the alleged deficient practice of burning by hot water. Upon incident notification and finding, resident was immediately assessed. NP was notified and new orders were received for infection, pain control, wound care treatment and orders to send resident to hospital for eval/treat. **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.** - All residents have the potential to be affected by the alleged deficient practice. - All residents and staff were instructed to notify MD/NP immediately during resident change of condition. All like residents had skin assessments performed head to toe assessment for any injuries. Results of the questions were compiled and reviewed by facility leadership. If actions needed to be taken, action plans were created and implemented immediately. **3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Education and training were provided to ED, DHS on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	Nursing indicated that foot washing was initiated as a preparatory measure before the administration of previous treatment...for an unrelated skin condition. Nurse reports that she facilitated foot washing by preparing water and directing the patient to immerse his feet. Subsequently, the patient raised concerns regarding the water temperature. Nurse reports, 'the water temperature was found to be within an acceptable range.' Following this, the nurse advised the patient to 'hold on' while she retrieved treatment supplies. Nurse reports, upon her return to the room, the patient presented with a fluid-filled blister on the top of left foot, after removing his foot from the water. Notable clinical findings included the presence of loose skin and mild erythema on the affected foot." A Weekly Skin Assessment, dated 5/19/25 at 6:58 p.m., indicated the resident had a new impairment of skin integrity. The description indicated a fluid filled blister to the top of the left foot. Wound interventions indicated the NP/physician was notified, a treatment as ordered, and monitor for signs or symptoms of infection. A current physician's order, dated 5/19/25 at 7:00 p.m., indicated to cleanse left foot with sterile water, pat dry, and apply a non-adherent dressing. Staff were to wrap foot with gauze and secure with tape. Treatment was to be completed every day and night shift. A Weekly Skin Assessment, dated 5/20/25 at 6:01 a.m., indicated the resident had a new impairment of skin integrity. The description indicated "left toes." Wound interventions indicated the NP/physician was notified and treatment as ordered.		5/22/25 by the clinical support consultant and VP of Clinical Services Education provided: ISDH Incident Reporting Policy Resident Change of Condition Policy Abuse, Neglect, Exploitation, Misappropriation Policy Accidents/Incidents Investigating and Reporting Policy Staff and residents were educated on the immediate and timely reporting to facility personnel. **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?** DHS/designee will review resident changes of condition report daily and reviewed in QAPI for 6 months. ED/Maintenance Director/DHS/designee will complete daily monitoring through clinical care meeting and then monthly in QAPI for 6 months. ED/DHS/designee will be responsible for monitoring change of condition resident review for 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	The clinical record lacked documentation regarding an assessment and description of the resident's burn wound on 5/20/25. A nursing progress note by LPN 7, dated 5/21/25 at 5:06 p.m., indicated the dressing to Resident B's left foot was hard to get off and had blisters noted to top of all five toes, sloughing, copious amount of serous drainage, skin peeling, and very painful to touch. The wound NP was notified, and treatment was completed as ordered. A NP progress note completed by NP 2, dated 5/21/25 at 7:46 p.m. and created on 5/25/25 at 9:15 p.m., included Resident B was seen at the request of nursing for pain to his left foot. "The patient seen for a follow-up visit concerning their left foot pain, which presented with new symptoms during recent care. The patient has a significant history of diabetes and frequent cellulitis episodes, necessitating careful management of skin integrity and related complications. The patient reports new onset pain in the affected area (Left foot). The patient describes the pain as moderate but constant, located specifically to the left foot where he has a previous blister...The treatment plan includes continued monitoring and education, with an emphasis on prompt notification of any acute changes, underscoring the need for vigilance given the patient's predisposition to complications due to his underlying conditions. Nursing staff have been briefed on these updates and are prepared to report any further developments promptly...Derm: Dressing intact to left foot ...." A nursing progress note completed by RN 3, dated 5/21/25 at 10:03 p.m., indicated the resident had complained of excruciating pain to his left foot. The resident indicated his foot was		of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	submerged in hot water prior to the scheduled treatment on 5/19/25. RN 3 had changed the dressing and indicated the "foot appears to be a 3rd degree burn, yellow slough, red, draining & toes matted." RN 3 contacted 911 and the resident was taken to an acute care burn unit for further evaluation and treatment. A Clinically at Risk report, dated 5/23/25 at 12:51 p.m., indicated the reason for review was for a chronic wound. Team members in attendance were listed as the DON and registered dietician. The comment included that the resident had been admitted to the hospital on 5/22/25 for a diabetic foot ulcer. Under the Skin/Wounds section of the report, concerns were listed regarding left foot plantar, diabetic foot ulcer. Cleanse with wound cleanser, apply hydrogel and bordered gauze. The report indicated the care plan had been updated and was signed on 5/25/25. The report lacked indication of the resident sustaining and being hospitalized due to a burn sustained during care at the facility. During an interview on 6/2/25 at 11:46 a.m., LPN 4 indicated she was preparing to complete Resident B's wound care orders, and she wanted to complete foot care prior to his left foot treatment. As she was running the water into the basin for the resident to soak his foot, she ran her hand under the running water and felt it was warm and finished filling the basin. She had not checked the temperature of the water in the basin after it was filled. She instructed the resident to put his left foot in the water. Resident B placed his foot in the water and indicated the water was hot and removed his foot. She indicated to him that she had just checked the water and told him to hang on and she would go get his wound care supplies. She was gone for about five minutes and when			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	she returned to his room his foot was in the basin. She noticed his skin had developed a small lemon sized blister on the top of his foot. She had not intended for the resident to put his foot in the basin when she left the room. He indicated to her his foot hurt and she administered an as needed dose of pain medication. She requested another staff member inform NP 2, and she called the unit's manager who both came to the resident's room. She had not documented in a progress note, as the NP was going to document. During an interview on 6/2/25 at 12:40 p.m., NP 2 indicated she had been called to Resident B's room. She had not noticed a blister, but the resident's left foot was "sorta" red with a small open area. She had visualized the resident's foot following the incident, but had not had staff remove the resident's dressing during her follow-up visits. She had not examined the wound during her 5/21/25 visit with the resident for increased pain. The physician was completing rounds the following day (5/22/25), and she wanted the physician to look at the left foot at that time. During a telephone interview on 6/2/25 at 2:41 p.m., RN 3 indicated Resident B had been in "so much pain" and his wound looked "bad." He had not been in a lot of pain the night before. When she had completed his wound treatment on 5/21/25, she had been unaware the resident had sustained a burn to his left foot. She had prepared to complete his treatment for his diabetic ulcer to the bottom of his left foot. The resident had a hard time tolerating the treatment. She had called the DON and received approval to send him to the emergency room for treatment. A Burn Service Team History and Physical Note,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	dated 5/22/25, from the acute care provider, indicated the resident had presented with scald burns to his left foot, sustained three days ago. The Assessment/Plan indicated the patient had a three day old full thickness scald burn to the left foot. An Inpatient Discharge Summary, dated 5/30/25, from the acute care provider, indicated the resident had two surgical procedures on 5/22/25 and 5/27/25 for debridement of left foot and skin graft application. A current facility policy, dated 8/2024, titled, "Change in a Resident's Condition or Status," provided by the Corporate Nurse on 6/3/25 at 12:06 p.m., included the following: "...Policy Interpretation and Implementation...8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status ...." This citation relates to Complaint IN00460578. 3.1-37(a)			
F 0689 SS=G Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices Based on interview and record review, the facility failed to protect a resident during care resulting in actual harm when the resident sustained a full thickness burn to his left foot requiring surgical interventions for 1 of 4 reviewed for accidents (Resident B). The deficient practice was corrected on 5/23/25, prior to the start of the survey, and was therefore past noncompliance. Findings include:	F 0689	**1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** 1 resident was affected by the alleged deficient practice of burning by hot water. Upon incident notification and finding, resident was	06/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	A review of Resident B's clinical record was completed on 6/2/25 at 10:53 a.m. Diagnoses included burn of unspecified degree of left foot, diabetes mellitus type II, and degenerative disease of the nervous system. A quarterly Minimum Data Set (MDS) assessment, dated 4/11/25, indicated the resident was cognitively intact, used a wheelchair for mobility, required partial to moderate assistance of staff to put on and remove footwear, complete lower body dressing, transfer from chair to bed, and had a diabetic foot ulcer and received dressings to his feet. A health care plan, initiated 2/4/25, indicated Resident B had diabetes mellitus with neuropathy. Interventions included to avoid exposure to extreme heat or cold. A nurse practitioner progress note completed by Nurse Practitioner (NP) 2, dated 5/19/25 at 3:30 p.m., included Resident B was seen at the request of nursing for a blister to his left foot. The resident "was found seated with both feet resting on a towel and a wash basin visibly placed in front of the patient. Nursing indicated that foot washing was initiated as a preparatory measure before the administration of previous treatment...for an unrelated skin condition. Nurse reports that she facilitated foot washing by preparing water and directing the patient to immerse his feet. Subsequently, the patient raised concerns regarding the water temperature. Nurse reports, the water temperature was found to be within an acceptable range.' Following this, the nurse advised the patient to 'hold on' while she retrieved treatment supplies. Nurse reports, upon her return to the room, the patient presented with a fluid-filled blister on the top of left foot, after		immediately assessed. NP was notified and new orders were received for infection prevention, pain control, wound care treatment and orders to send resident to hospital for eval/treat. 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. - All residents have the potential to be affected by the alleged deficient practice. - All residents and staff were instructed not to use hot water until further testing was completed. All water dispensing outlets were temperature tested per regulation. Temperature in resident bathroom sink where alleged hot water came from, tested at 119 degrees Fahrenheit, as well as, the remaining rooms on the hall. All water heaters were adjusted to range from 110 – 115 degrees Fahrenheit. Temperatures are being done daily for 3 months and appropriate action will be made accordingly. All like residents had skin assessments performed from head	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	removing his foot from the water. Notable clinical findings included the presence of loose skin and mild erythema on the affected foot ...." A nursing progress note by LPN 7, dated 5/21/25 at 5:06 p.m., indicated the dressing to Resident B's left foot was hard to get off and had blisters noted to top of all five toes, sloughing, copious amount of serous drainage, skin peeling, and very painful to touch. The wound NP was notified, and treatment was completed as ordered. A NP progress note completed by NP 2, dated 5/21/25 at 7:46 p.m., included Resident B was seen at the request of nursing for pain to his left foot. "The patient seen for a follow-up visit concerning their left foot pain, which presented with new symptoms during recent care. The patient has a significant history of diabetes and frequent cellulitis episodes, necessitating careful management of skin integrity and related complications. The patient reports new onset pain in the affected area (Left foot). The patient describes the pain as moderate but constant, located specifically to the left foot where he has a previous blister...The treatment plan includes continued monitoring and education, with an emphasis on prompt notification of any acute changes, underscoring the need for vigilance given the patient's predisposition to complications due to his underlying conditions. Nursing staff have been briefed on these updates and are prepared to report any further developments promptly ...Derm: Dressing intact to left foot ...." A nursing progress note completed by RN 3, dated 5/21/25 at 10:03 p.m., indicated the resident had complained of excruciating pain to his left foot. The resident indicated his foot was		to toe for any injuries that may be suspected as burns. All like residents and staff were asked the following questions: Have you ever sustained a burn due to the water being too hot? How long has the water been too hot? Have you told staff about the water being too hot? Who did you tell? What was their response? Results of the questions were compiled and reviewed by facility leadership. If actions needed to be taken, action plans were created and implemented immediately. 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Maintenance Director was instructed to immediately test all water dispensing outlets ranging from closest to water heater and furthest from water heater. - Education and training were provided to ED, DHS and Maintenance Director on 5/22/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	submerged in hot water prior to the scheduled treatment on 5/19/25. RN 3 had changed the dressing and indicated the "foot appears to be a 3rd degree burn, yellow slough, red, draining & toes matted." RN 3 contacted 911 and the resident was taken to an acute care burn unit for further evaluation and treatment. During an interview on 6/2/25 at 11:33 a.m., the DON indicated there was no order as part of Resident B's wound care to soak his foot. LPN 4 wanted to make sure the area was clean prior to completing the ordered treatment to the diabetic ulcer on the bottom of his left foot. She should not have soaked his foot as this was not part of his wound care treatment orders. During an interview on 6/2/25 at 11:46 a.m., LPN 4 indicated she was preparing to complete Resident B's wound care orders, and she wanted to complete foot care prior to his left foot treatment. As she was running the water into the basin for the resident to soak his foot, she ran her hand under the running water, and it felt warm. She finished filling the basin. She had not checked the temperature of the water in the basin after it was filled. She instructed the resident to put his left foot in the water. Resident B placed his foot in the water and indicated the water was hot and removed his foot. She indicated to him that she had just checked the water and told him to hang on and she would go get his wound care supplies. She was gone for about five minutes and when she returned to his room his foot was in the basin. She noticed his skin had developed a small lemon sized blister on the top of his foot. She had not intended for the resident to put his foot in the basin when she left the room. He indicated to her his foot hurt and she administered an as needed dose of pain medication. She informed NP2 and		by the clinical support consultant and VP of Clinical Services Education provided: Envive Water Temperatures, Safety of Policy ISDH Incident Reporting Policy Resident Change of Condition Policy Abuse, Neglect, Exploitation, Misappropriation Policy Wound Care Policy Accidents/Incidents Investigating and Reporting Policy Burn Management Staff and residents were educated on the immediate and timely reporting of water temperatures to facility personnel if water temperature is suspected to be out of range. 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? DHS/designee will randomly test 5 employee	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	the unit manager and both came to the resident's room. During an interview on 6/2/25 at 12:07 p.m., Resident B indicated his left foot was burned when LPN 4 was providing wound care. He indicated the nurse brought over a basin of water for him to soak his foot in prior to applying a treatment to the sore on the bottom of his left foot. When he put his foot into the water, he felt like it was too hot, and he pulled his foot out. The nurse told him she had felt the water, and it was not too hot, but to hold on and she would go get some supplies. She had been out of the room for a couple of minutes when she passed by his door and told him to go ahead and try again. She had not checked the water temperature. He put his foot into the water, it felt hot but tolerable. When she returned about five minutes later, she was surprised to see a blister on the top of his foot. His feet were numb a lot because of his diabetes, and he had not realized the water was still hot. During an interview on 6/2/25 at 12:40 p.m., NP 2 indicated she had been called to Resident B's room on 5/19/25. She had not noticed a blister, but the resident's left foot was "sorta" red with a small open area. She had visualized the resident's foot following the incident, but had not had staff remove the resident's dressing during her follow up visit on 5/21/25 due to increased pain. The physician was completing rounds the following day (5/22/25), and she wanted the physician to look at the left foot at that time. During a telephone interview on 6/2/25 at 2:41 p.m., RN 3 indicated Resident B had been in "so much pain" and his wound looked "bad" on 5/21/25. He had not been in a lot of pain the night before. When she had completed his wound		competencies regarding the previously stated education and daily x2 weeks, 2x a week x2 weeks, weekly x2 weeks and then monthly in QAPI for 6 months. ED/Maintenance Director/DHS/designee will complete daily monitoring through water temperature checks to ensure that water temperatures are maintained between state regulation daily x3 months, then monthly in QAPI for 6 months. /p> /p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	treatment on 5/21/25, she had been unaware the resident had sustained a burn to his left foot. She had prepared to complete his treatment for his diabetic ulcer to the bottom of his left foot. The resident had a hard time tolerating the treatment. She had called the DON and received approval to send him to the emergency room for treatment. A Burn Service Team History and Physical Note, dated 5/22/25, from the acute burn unit provider, indicated the resident had presented with scald burns to his left foot, sustained three days ago. The Assessment/Plan indicated the patient had a three day old full thickness scald burn to the left foot. An Inpatient Discharge Summary, dated 5/30/25, from the acute burn care provider, indicated the resident had two surgical procedures on 5/22/25 and 5/27/25 for debridement of left foot and skin graft application. A current facility policy, dated 8/2024, titled, "Change in a Resident's Condition or Status," provided by the Corporate Nurse on 6/3/25 at 12:06 p.m., included the following: "...Policy Interpretation and Implementation...8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status." The deficient practice was corrected by 5/23/25 after the facility implemented a systemic plan that included the following actions: water temperature adjustments and monitoring, resident interviews, staff interviews, resident skin assessments, education of staff, and continued monitoring." Cross reference F684.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING 00 B. WING	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF INDIANAPOLIS	45 BEACHWAY DR INDIANAPOLIS, IN 46224

(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
	This citation relates to Complaint IN00460578. 3.1-45(a)			