

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

PRINTED: 02/07/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155468		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2024	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF SULLIVAN				STREET ADDRESS, CITY, STATE, ZIP COD 325 W NORTHWOOD DR SULLIVAN, IN 47882			
(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	<p>This visit was for the Investigation of Complaints IN00448031, IN00448448, and IN00448616.</p> <p>Complaint IN00448031 - Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Complaint IN00448448 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00448616 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 18, 19, and 20, 2024</p> <p>Facility number: 000525 Provider number: 155468 AIM number: 100267010</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 3 Medicaid: 26 Other: 12 Total: 41</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 30, 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 December 20, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 13, 2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0804 SS=D	483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer						

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

TITLE

(X6) DATE

Cathy Jo Parker

Executive Director

01/13/2025

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 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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Bldg. 00	<p>Temp</p> <p>Based on interview, observation, and record review, the facility failed to ensure the temperature and palatability of food served for 1 of 1 test tray.</p> <p>Findings include:</p> <p>During a confidential interview, conducted during the survey, the interviewee indicated the resident's hall tray food was served cold for all meals, breakfast, lunch, and supper.</p> <p>During an interview, on 12/19/24 at 11:05 a.m., Resident C indicated she ate meals in her room and the food was served cold at times.</p> <p>Resident F, on 12/19/24 at 11:20 a.m., indicated he ate meals in his room and sometimes the food was not hot, but cold.</p> <p>During an interview, on 12/19/24 at 11:30 a.m., Resident E indicated she ate meals in her room and the food was often cold when she got it and did not taste very good.</p> <p>On 12/19/24 at 12:03 p.m., test tray food temperatures were measured by the Dietary Manager (DM). The fried potatoes temperature measured at 128 degrees Fahrenheit (F), the cooked broccoli temperature measured at 118 F, and the BBQ sandwich measured at 128 F. The DM indicated the food was too cool and the food temperatures should have been at least 135 F.</p> <p>On 12/19/24 at 12:55 p.m., the DM provided and identified a document as a current facility policy titled "Kitchen Operations: Food Temperatures, dated 1/2023. The policy indicated, "...Policy...The facility will maintain proper temperature control to</p>			F 0804	<p>F804- Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>It is the practice of this facility to ensure food and drink are palatable, attractive, and at a safe and appetizing temperature. The correction action taken for those residents found to be affected by the deficient practice include:</p> <p>No residents were affected by alleged deficient practice. Other residents that have the potential to be affected have been identified by:</p> <p>Residents were reviewed. Residents who had the potential to be affected by the deficient practice were invited to the Resident Council Meeting to discuss food and kitchen practices. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>Staff has been in-serviced on Food Temperatures and palatability to include but not limited to:</p> <ul style="list-style-type: none"> · Envive Food and Nutrition Services Policy. <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A Performance Improvement Tool has been initiated that randomly observes a Test Tray for proper food temperatures to include</p>		01/13/2025

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	prevent food borne illness...Procedure...1. Hot foods that are potentially hazardous will be held for service at or above 135 degrees Fahrenheit...2. All hot and cold food items will be served to the resident at a temperature that is considered palatable at the time the resident receives the food...." This citation relates to Complaint IN00448031. 3.1-21(a)(2)				evenings and weekends. The Administrator or designee, will complete this tool weekly x3, monthly x3, then quarterly x3. Any issues with Food Temperatures observed out of compliance, re-education will be initiated. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools. The date the systemic changes will be completed: January 13, 2024.		