

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

PRINTED: 12/31/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155520		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/05/2024	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF RIVER CITY				STREET ADDRESS, CITY, STATE, ZIP COD 909 NORTH FIRST AVE EVANSVILLE, IN 47710			
(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 IN00447324 and IN00448437. Complaint IN00447324 - Federal/state deficiencies related to the allegations are cited at F656. Complaint IN00448437 - Federal/state deficiencies related to the allegations are cited at F656. Survey dates: December 3, 4, 5, 2024. Facility number: 000437 Provider number: 155520 AIM number: 100273770 Census Bed Type: SNF/NF: 30 Total: 30 Census Payor Type: Medicare: 4 Medicaid: 22 Other: 4 Total: 30 This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 9, 2024.		F 0000				
F 0656 SS=D Bldg. 00	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan Based on observation, interview and record review, the facility failed to ensure physicians orders were followed for 1 of 3 residents reviewed for medication administration, and care plan		F 0656	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts		01/06/2025	

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

TITLE

(X6) DATE

Brandon Levi Back

VP of Clinical Services

12/24/2024

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 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>interventions were not implemented for 2 of 3 residents reviewed for falls. Blood pressure parameter orders were not followed, fall interventions were not implemented. (Resident B, Resident D)</p> <p>Findings includes:</p> <p>1. On 12/3/24 at 12:57 p.m., Resident D's clinical record was reviewed. Resident D admitted to the facility on 9/19/24. Diagnoses included, but were not limited to, essential hypertension, orthostatic hypotension, fracture of unspecified part of neck left femur. An admission MDS (Minimum Data Set) assessment dated 9/26/24, indicated cognition was intact, no mobility devices used, toileting set up or clean up, shower/bathe set up or clean up, mobility sit to stand independent, chair/bed to chair transfer, independent, tub/shower transfer independent, walk 10 feet once standing, independent.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I am at risk for falls/injury due to : disorder of brain, new environment, use of medication, date initiated 9/19/24. Interventions included, but were not limited to: non skid strips placed in all facility shower rooms, date initiated 9/30/24, created on 10/2/24</p> <p>I have hyperlipidemia and hypertension, date initiated 9/20/24. Interventions included, but were not limited to:</p> <p>Give medications as ordered. Monitor for side effects such as orthostatic hypotension and increased heart rate (tachycardia) and effectiveness, date initiated 9/20/24.</p>				<p>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 Recertification and State Licensure Survey and complaint survey conducted December 3-5, 2024.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 6th, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B had blood pressure medication discontinued on 10/23/2024.</p> <p>Resident Band Resident D fall interventions were completed as of 12/4/2024 by installing non-skid strips in shower room located on 300 hall. 100 and 200 hall shower room had non-skid strips installed when residents were assigned a room down 200 hall during initiation of fall</p>		

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	<p>Monitor/record use/side effects of medication. Report to MD as necessary, date initiated 9/20/24.</p> <p>Vital signs as ordered, date initiated 9/20/24.</p> <p>I have a history of hypotension r/t diabetes, date initiated 9/20/24. Interventions included, but were not limited to: give medications as ordered. Monitor for side effects and effectiveness, date initiated 9/20/24.</p> <p>September and October 2024 physician orders were reviewed and included but was not limited to:</p> <p>September 2024 lisinopril oral tablet 5 mg (milligram) give 1 tablet by mouth one time a day for hypertension related to essential (primary) hypertension, hold if systolic b/p (blood pressure) less than 110, order date 9/24/24, start date 9/25/24.</p> <p>October 2024 lisinopril oral tablet 5 mg (milligram) give 1 tablet by mouth one time a day for hypertension related to essential (primary) hypertension, hold if systolic b/p (blood pressure) less than 110, start date 9/25/24, discontinue date 10/23/24.</p> <p>The September and October EMAR (Electronic Medication Administration Record) was reviewed and contained the following:</p> <p>Blood pressure was not obtained on the following dates before giving the medication, the EMAR was signed as given. 9/25 9/26 9/27</p>				<p>interventions. At time of falls and intervention initiation, 300 hall was closed.</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. All residents with an order for lisinopril, including parameters have the potential to be affected by the deficient practice. All residents at risk for falls have the potential to be affected by the deficient practice All residents' medications were reviewed for blood pressure parameters and no further concerns noted. All residents' fall interventions were reviewed for no further concerns noted.</p> <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? Director of Nursing was educated by VP of Clinical Services on medication administration policy and care plans to include but not limited to: Blood pressure medications with emphasis on lisinopril with or without parameters. Following physician orders Care Plan appropriateness and implementation Fall intervention</p>		

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	<p>10/4</p> <p>10/5</p> <p>10/6</p> <p>10/8</p> <p>The medication was signed as given when systolic B/P was less than 110 on the following dates:</p> <p>10/3 under vital signs tab B/P at 10:21 a.m., 94/56, B/P was not recorded on the EMAR</p> <p>10/15 = 100/63</p> <p>10/16 = 108/60</p> <p>10/21 = 93/57</p> <p>Progress notes were reviewed and included but were not limited to:</p> <p>9/27/24 at 8:20 p.m., fall risk evaluation note, late entry: fall risk score: " The resident has had a fall. Fall assessment completed with new fall score. Fall Risk Score is : 2.0. Immediate Intervention : non slip strips put in shower room..."</p> <p>A fall risk assessment with an effective date of 10/4/24 included but was not limited to:</p> <p>Treatment/Immediate Interventions Implemented: non slip strips put on shower floors</p> <p>An un-witnessed fall document with a date of 9/27/24 at 8:15 p.m., included but was not limited to:</p> <p>Immediate action taken: Description : resident sent to hospital via ambulance for eval and tx. non skid strips placed in all shower rooms...</p> <p>On 12/4/24 at 9:05 a.m., no non slip strips were observed in the shower room on the 200 unit were Resident D resided.</p>				<p>implementation</p> <p>All clinical staff have been in-serviced on:</p> <p>Medication Administration Policy</p> <p>Care Plans, person-centered Policy</p> <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> <p>DON/Designee will complete a daily audit during weekdays in the clinical care meeting for blood pressure medications with the emphasis on lisinopril to ensure parameters and physician orders are being followed x2 weeks, then 3x a week for 2 weeks, then weekly x3 months to ensure policy is being followed along with parameters.</p> <p>DON/Designee will complete a daily audit during weekdays in the clinical care meeting for residents who had a fall the previous day. Weekend falls reviewed on Monday. x2 weeks daily, then 3x a week for 2 weeks, then weekly x3 months to ensure policy is being followed along with parameters.</p> <p>The results of these audits will be reviewed by the QAPI committee overseen by the</p>		

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	<p>On 12/4/24 at 9:36 a.m., an anonymous interview indicated fall interventions are put in place by the nurse who does the fall assessment and reviewed by the team.</p> <p>On 12/5/24 at 9:14 a.m., RN 2 indicated there is an order for blood pressure parameters on a medication, the medication is given or not based on the parameters, the blood pressure is recorded on the MAR (Medication Administration Record).</p> <p>2. On 12/3/24 at 10:50 a.m., Resident B's clinical record was reviewed. Diagnoses included but were not limited to, personal history of transient ischemic attack (TIA), and cerebral infarction without residual effects, flaccid hemiplegia affecting right nondominant side, muscle wasting and atrophy. unspecified fracture of upper end of left humerus. A admission MDS (Minimum Data Set) assessment dated 10/7/24, indicated Resident B's cognition was moderately impaired, toileting dependent, mobility substantial/maximal assist.</p> <p>Care plans were reviewed and included, but were not limited to: I am at risk of falls/injury due to : High risk med use, history of falls, seizure disorder, date initiated 10/1/24.</p> <p>A progress note dated 11/9/24 at 4:48 p.m., indicated Resident B was observed to be sliding out of his chair in his room and lowered to floor, no injuries.</p> <p>No new interventions were found in the clinical record.</p> <p>On 9/5/24 at 9:36 a.m., the DON indicated she did not see an intervention was put in place for Resident B for the 11/9/24 incident, a new</p>				<p>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.</p>		

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	<p>intervention should have been put in place.</p> <p>On 12/5/24 at 9:00 a.m., the Administrator provided the current policy on administering medications with a revised date of 8/2024. The policy included, but was not limited to: Medications are administered in a safe and timely manner, and as prescribed...4. Medications are administered in accordance with prescriber orders, including any required time frame...</p> <p>On 12/5/24 at 9:22 a.m., the Administrator provided the current policy on care plans, comprehensive person-centered with a revised date of 8/2024. The policy included, but was not limited to: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident...3. The care plan interventions are developed from a through analysis of the information gathered as part of the comprehensive assessments...11. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change...12. The interdisciplinary team reviews and updates the care plan: ...r. when the desired outcome is not met...</p> <p>On 12/5/24 at 9 a.m., the Administrator provided the current policy on clinical protocol falls, with a revised date of 8/2024. The policy included, but was not limited to: ...4. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling...5. If underlying causes cannot be readily identified or corrected, staff will try various relevant</p>						

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	interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation (for example, if the individual continues to try to get up and walk without assistance)...7. The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling... This citation relates to Complaint IN00448437 and Complaint IN00447324. 3.1-35(g)(1)						