

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

PRINTED: 05/05/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/20/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00400512 and IN00404198.</p> <p>Complaint IN00400512 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404198- Federal/state deficiencies related to the allegations are cited at F685 and F687.</p> <p>Survey date: March 20, 2023</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Census Bed Type: SNF/NF: 55 Total: 55</p> <p>Census Payor Type: Medicare: 5 Medicaid: 40 Other: 10 Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 27, 2023.</p>			F 0000	<p>PLAN OF CORRECTION FOR ENVIVE OF ANDERSON F000 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 IN00404198 completed on March 20, 2023.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0685 SS=D Bldg. 00	<p>483.25(a)(1)(2) Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must,</p>						

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

TITLE

(X6) DATE

Shelley Miller

Chief Nursing Officer

04/10/2023

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 disclosed 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>if necessary, assist the resident-</p> <p>§483.25(a)(1) In making appointments, and</p> <p>§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. Based on observation, interview, and record review, the facility failed to ensure a resident who wore glasses, and had a history of ear wax build-up, received optometry and ENT (ear, nose, throat) services for 1 of 3 residents reviewed for vision and hearing services (Resident B).</p> <p>Findings include:</p> <p>During an interview on 3/20/23 at 12:14 p.m., Resident B indicated she had a history of ear wax build-up, which was often uncomfortable and impacted her hearing. She was supposed to see an "ear doctor" but had not been able to see one. She had asked about seeing the ear doctor regularly. Recently, the Social Services Director had told her insurance didn't cover ear doctor services. In addition, she wore eye glasses and needed an eye exam and new glasses. Once again, the Social Services Director told her insurance wouldn't cover an eye exam and eyeglasses. This information confused her because her Medicaid insurance had not changed and had always covered eye glasses and the ear doctor.</p> <p>Resident B's clinical record was reviewed on 3/20/23 at 1:25 p.m. The resident was admitted to the facility on 5/4/22. Current diagnosis included diabetes mellitus, depression, and anxiety.</p>			F 0685	<p>F685 – Treatment/Devices to Maintain Hearing/Vision SS=D <i>“Based on observation, interview, and record review, the facility failed to ensure a resident who wore glasses, and had a history of ear wax build-up, received optometry and ENT (ear, nose, throat) services for 1 of 3 residents reviewed for vision and hearing services (Resident B).”</i></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 was assessed and scheduled for optometry and ENT services.</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>		04/10/2023

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	<p>A resolved, 8/3/22, physician's order indicated Debrox (to soften ear wax) solution 6.5%, instill 10 drops in both ears two times a day related to impacted cerumen in both ears.</p> <p>A resolved, 8/5/22, physician's order indicated to flush ears with warm water to remove impacted ear wax, one time only for impacted ear wax.</p> <p>A resolved, 8/11/22, physician's order indicated carbamide peroxide solution 6.5% instill 10 drops in both ears two times a day related to impacted cerumen.</p> <p>A resolved, 8/11/22, previous physician's order indicated to irrigate bilateral ears on Friday, 8/19/22, one time only related to impacted cerumen of the ears.</p> <p>The resident had a current, 8/25/22, physician's order to "refer patient to ENT [Ears Nose and Throat doctor] d/t [due to] wax occlusion in bilateral ears."</p> <p>The resident also had a current, 6/21/22, physician's order for "May be seen by audiology, dentist, optometry, podiatry, and/or psych."</p> <p>A 3/3/23, modified annual, Minimum Data Set (MDS) assessment, indicated the resident was cognitively intact and wore eye glasses.</p> <p>A current, 6/1/22, care plan problem/need indicated the resident had impaired visual function and required the use of corrective lenses.</p> <p>The clinical record lacked documentation of the following:</p>		<ul style="list-style-type: none"> All residents who receive vision and hearing services have the potential to be affected by this deficient practice. An audit was completed on all residents to ensure vision and hearing services arranged per request/need. <p>3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> Social Service Director (SSD)/designee and all licensed nursing staff will be in-serviced on: <ul style="list-style-type: none"> "Resident Referrals" "Resident Rights" <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"> SSD/designee will conduct audits on 5 residents with vision and hearing services x2 days a week for 4 weeks, weekly x8 weeks then monthly times x3 months to ensure vision and hearing services arranged per request/need. <p>The results of these audits will be reviewed by the QAPI committee overseen by the Executive Director for no less than six months. The</p>				

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	<p>a. The resident had seen an ENT since the 8/25/22 order,</p> <p>b. The resident had seen an optometrist since the 6/21/22 order,</p> <p>c. Any attempt to schedule an appoint with an ENT or optometrist.</p> <p>A facility document titled "[Name of a provider] Audiology Group Schedule", provided by the DON on 3/20/23 at 11:10 a.m., indicated the audiology provider had last provided services in the facility on 3/1/23.</p> <p>An untitled facility document, provided by the DON on 3/30/23 at 11:10 a.m., indicated the optometrist had been scheduled to be in the facility on 11/22/22 to see residents with vision needs.</p> <p>A facility facsimile cover page regarding the podiatrist schedule, provided by the DON on 3/30/23 at 11:10 a.m., indicated the podiatrist had been scheduled in the facility on 2/13/23.</p> <p>During an interview on 3/20/23 at 1:40 p.m., the Director of Nursing indicated the facility had no record of the resident seeing an ENT or optometrist since her admission. In addition, there was no record the resident's insurance would not cover such services. The Social Services Director had left without notice and the facility could not locate any information she had obtained regarding the resident's request to see an ENT or optometrist. The resident should have been seen by an ENT as ordered on 8/25/22. In addition, the resident should have seen an optometrist if she believed her vision had changed.</p> <p>This finding relates to Complaint IN00404198.</p>				<p>results will be reviewed for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved.</p> <p>5. Date of completion: 04/10/2023</p>		

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F 0687 SS=D Bldg. 00	<p>3.1-39(a) 3.1-39(b)</p> <p>483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. Based on interview and record review, the facility failed to ensure a resident, who had a diagnoses of diabetes, had her foot care needs addressed for 1 of 3 residents reviewed for podiatry services (Resident B). Findings include: During an interview on 3/20/23 at 12:14 p.m., Resident B indicated she was diabetic and needed her toe nails trimmed. She had asked to see a podiatrist. Recently, the Social Services Director had told her insurance wouldn't cover podiatry services. She had been confused with this information because she had Medicaid insurance, and it had covered nail care in the past. The facility staff should not or could not cut her nails because she was diabetic. She could not cut her own nails because she was over weight and could not bend and reach them.</p>			F 0687	<p>F687 – Foot Care SS=D <i>“Based on interview and record review, the facility failed to ensure a resident, who had a diagnoses of diabetes, had her foot care needs addressed for 1 of 3 residents reviewed for podiatry services (Resident B).”</i></p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>· Residents B was assessed and podiatry services scheduled for foot care needs.</p> <p>2. How other residents</p>		04/10/2023

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	<p>Resident B's clinical record was reviewed on 3/20/23 at 1:25 p.m. The resident was admitted to the facility on 5/4/22. Current diagnosis included diabetes mellitus, depression, morbid obesity, anxiety, and plantar fascial fibromatosis.</p> <p>The resident had a current, 6/21/22, physician's order "May be seen by audiology, dentist, optometry, podiatry, and/or psych."</p> <p>A 3/3/23, modified annual, Minimum Data Set (MDS) assessment indicated the resident was cognitively intact.</p> <p>A current, 3/16/23, care plan problem/need indicated the resident had diabetes mellitus. An approach to this problem was inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness.</p> <p>The clinical record lacked documentation of the following:</p> <p>a. The resident seeing a podiatrist since the 6/21/22 order,</p> <p>b. Any attempt to schedule an appointment with a podiatrist.</p> <p>A facility facsimile cover page regarding the podiatrist schedule, provided by the DON on 3/30/23 at 11:10 a.m., indicated the podiatrist had been scheduled in the facility on 2/13/23.</p> <p>During an interview on 3/20/23 at 1:40 p.m., the Director of Nursing indicated the facility had no record of the resident seeing podiatrist since her admission. In addition, there was no record the resident's insurance would not cover such services. The Social Services Director had left without notice and the facility could not locate</p>				<p>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 with diabetes have the potential to be affected by this alleged deficient practice. DNS/designee reviewed all residents with diabetes to ensure podiatry services scheduled for foot care needs. <p>3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> All licensed clinical staff will be in-serviced on: <ul style="list-style-type: none"> "Resident Referrals" "Resident Rights" <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"> DNS/designee will conduct audits on 5 residents with diabetes x3 days a week for 4 weeks, then 2x a week for 8 weeks then weekly times x3 months to ensure podiatry services scheduled for foot care needs. 		

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	<p>any information she had obtained regarding the resident's request to see a podiatrist. In addition, the resident should have seen the podiatrist because she was diabetic and requested nail care.</p> <p>This finding relates to Complaint IN00404198.</p> <p>3.1-4(a)(7)</p>			<p>The results of these audits will be reviewed by the QAPI committee overseen by the 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> <p>5. Date of completion: 04/10/2023</p>			