| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155473 | A. BUILDING 00<br>B. WING | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| ENVIVE OF BERNE | 1065 PARKWAY ST<br>BERNE, IN 46711 |

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| F 0000<br><br>Bldg. 00 | This visit was for Investigation of Complaint IN00418275.<br><br>Complaint IN00418275-Deficiencies related to the allegations are cited at F919..<br><br>Survey date: October 19, 2023<br><br>Facility number:000546<br>Provider number: 155473<br>AIM number: 100267370<br><br>Census Bed Type:<br>SNF/NF:37<br>Total: 37<br><br>Census Payor Type:<br>Medicare: 2<br>Medicaid: 32<br>Other: 3<br>Total: 37<br><br>Envive of Berne was found to be in noncompliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00418275.<br><br>Quality reivew completed October 20, 2023 | F 0000 | PLAN OF CORRECTION<br>FOR ENVIVE OF BERNE<br>F000 INITIAL COMMENTS<br>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 IN00418275 completed on October 19, 2023.<br>Please accept this Plan of Correction as the provider's credible allegation of compliance as of November 3, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. | |
| F 0919<br>SS=D<br>Bldg. 00 | 483.90(g)(1)(2)<br>Resident Call System<br>§483.90(g) Resident Call System<br>The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- | | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Maria Diaz | HFA | 11/03/2023 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities.<br>Based on observation, interview, and record review the facility failed to ensure a consistently functioning call light system for 2 of 10 residents reviewed (Resident B and Resident C).<br><br>Findings include:<br><br>1) During an interview and observation with Resident B, on 10/19/23 at 11:16 AM, she indicated that she waited long periods of time for her light to be answered and at times questioned if her call light worked at all. Resident B pushed her call light as requested. RN 1 (Registered Nurse) came into the room to administer noon medications approximately 10 minutes later. RN 1 indicated Resident B's call light was not on. The RN attempted to activate the call light. The RN indicated there was on as there was no way to tell if the call light was on. RN 1 indicated the call light system worked in waves with a transmitter located at the nurse's station. RN 1 explained when a resident pushes the light there was no audible or visual indication inside or directly outside of the resident room. The system required someone to be at the desk to see where the signal was coming from. RN 1 went to change the batteries to the call light. The RN 1 was able to understand Resident B had no way to know if the call light was functional. RN 1 was asked to ensure the call light in the bathroom was operating properly. The bathroom call light was operable as evidenced by a CNA responding promptly.<br><br>Resident B's record review on 10/19/23 at 4:15 PM indicated her current comprehensive MDS (Minimum Data Set) assessment section C BIMS (Brief Interview of Mental Status) score was 15. A | F 0919 | **F919 - Resident Call System SS=D**<br><br>**1 What corrective action(s) Will be accomplished for those Residents found to have been affected by the deficient practice?**<br><br>No residents were affected<br>By this alleged deficient practice.<br><br>**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?**<br><br>All residents have the potential to be affected by this alleged deficient practice.<br>No residents were affected by this alleged deficient practice.<br><br>**3. What measures will be put in place or what systemic changes will be made to Ensure that the deficient Practice does not occur?**<br><br>-Ordered batteries for Temporary call lights | 11/04/2023 |

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| | score of 15 indicated no cognitive decline. Section G of MDS for functional status indicated Resident B requires a one person staff assistance in mobility for transfers, toileting, locomotion, bathing, and position changes. Resident B used a wheelchair for mobility on and off the unit. Resident B's diagnoses included chronic obstructive pulmonary disease, heart disease, osteoarthritis, and muscle weakness.<br><br>2) An interview on 10/19/23 at 346 PM Resident C indicated her call light does not work. In an observation at the same time. Resident C activated her call light, but there was no indication at the Nurse's desk the call light had been activated.<br><br>Resident C's record review began on 10/19/23 at 4:22 PM indicated her current comprehensive MDS (Minimum Data Set) assessment section C BIMS (Brief Interview of Mental Status) score was 15. A score of 15 indicated no cognitive decline. Section G of MDS for functional status indicated Resident C requires supervision for activities of daily living. Resident C's diagnoses included malignant neoplasm of lung, obstructive pulmonary disease, and age-related physical debility.<br><br>A record review of facility grievances over the past 6 months, on 10/19/23 at 10:43 AM, indicated 3 grievances regarding call lights.<br>One on 5/15/23 that replacement batteries were ordered, and call light was functioning. This room was checked, and call light was functioning. A grievance on 6/13/23 regarding Resident B's call light not being answered. Grievance indicated the battery was replaced and the call light was checked for functioning. A grievance on 10/2/23 a resident call light not being answered, and she missed an activity. During an interview the | | and all call light batteries were changed out on 11/3/23.<br>-Weekly Call light battery checks, every Thursday, for every call light in service.<br>-Opesec Consulting reached out for a quote for call light system replacement. Quote received and signed.<br><br>**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?**<br><br>-Call System purchased order was signed on 11/2/23.<br>-Until Call system is installed Batteries checks will be performed.<br>weekly.<br>-Batteries will be changed out Monthly and as needed until new call system is installed In the building.<br><br>The results of these audits will be Reviewed by the QAPI committee Overseen by the Executive Director<br>until the new call system is installed.<br>The results will be reviewed for Patterns, trends and continued Recommendations for process Monitoring and improvement Until 100% compliance is | |

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| | resident indicated her call light was functioning properly.<br><br>During an interview with Maintenance Director, on 10/19/23 at 3:23 PM, indicated he randomly checked 2 or 3 rooms of each hallway weekly to determine if the call light system was functioning. The maintenance director was able to provide a weekly grid from 5/26/23 to 10/16/23. He indicated the 300 hall was closed due to remodel and the 400 hall had its own systems. He indicated the system the facility was using at time of survey was temporary and the remodel included a new call light system.<br><br>The Maintenance Director indicated he had only replaced two batteries on call lights. The maintenance director did not have an exact date of how long the batteries should last or how long each were in use at time of survey.<br><br>During an interview with the DON (Director of Nursing) on 10/19/23 she indicated they began using silver bells on or around 2/22/23 for a couple of weeks until the temporary system arrived and was fully available and operational.<br><br>A policy and procedure was provided by DON, on 10/19/23 at 406 PM, titled "Call Lights" effective revised dated 8/2022. The policy stated "purpose: To respond to residents' requests and needs in a timely and courteous manner." No policy regarding call light function was available for review.<br><br>This citation is related to complaint IN00418275<br><br>3.1-19(u) | | achieved.<br><br>**5. Date of Completion:**<br><br>11/4/2023 | |