STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155699	A. BUILDING 00 B. WING	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF HARTFORD CITY	715 N MILL ST HARTFORD CITY, IN 47348

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00432995 and IN00434633. Complaint IN00432995 - Federal/state deficiencies related to the allegations are cited at F609. Complaint IN00434633 - No deficiencies related to the allegations are cited. Survey dates: June 14 and 17, 2024 Facility number: 000290 Provider number: 155699 AIM number: 100379970 Census Bed Type: SNF/NF: 41 Total: 41 Census Payor Type: Medicare: 6 Medicaid: 22 Other: 13 Total: 41 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed June 21, 2024.	F 0000	**The facility requests paper compliance for this citation.** *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*	
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sarah Jackman	HFA	07/02/2024

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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	violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interview and record review, the facility failed to ensure an abuse allegation was reported to the Indiana Department of Health for 1 of 4 residents reviewed for abuse. (Resident D and Resident B) Findings include: During an interview with Resident D, on 6/14/24 at 1:07 p.m., she indicated when she was in her previous room, Resident B had pushed her into her room from behind and told her to stay in her room, and she didn't need to be coming out of her room. Resident D reported this to the	F 0609	**1) Immediate actions taken for those residents identified:** The allegation of abuse cited on the 2567 was reported to IDOH via the Gateway. **2) How the facility identified other residents:** All concerns that occurred within the last 60 days will be reviewed and if any incidents meet the guidelines for incident reporting	07/03/2024

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	Administrator and the Social Service Director and completed a grievance form. Resident D's clinical record was reviewed on 6/14/24 at 12:50 p.m. A significant change Minimum Data Set (MDS) assessment indicated she was cognitively intact. She had a care plan for making false statements/accusations towards staff and other residents, i.e. making statements that she was hit or pushed by another resident when it was impossible for that to have happened (Revised 4/23/24). Her interventions included allow her to vent feelings (1/8/24), allow her to express her concerns (revised 4/19/24), provide comfort/support (revised 4/19/24), and redirect her and offer alternative options (revised 4/19/24). A Resident Concern Form for Resident D, dated 5/17/24 at 8:30 a.m. and completed by the Housekeeping Supervisor, indicated Resident D stated Resident B came to her door and grabbed her door handle and told her to stay in her d--n room. She told him not to say that and walked past him. An addendum to Resident D's concern/grievance, dated 5/17/24 at 9:00 a.m., written by the Administrator, indicated the initial story reported was that Resident B pushed Resident D back into her room as she was trying to get out of her room. Resident D told the Housekeeping Supervisor that Resident B told Resident D that he was going to kick her a--. The Administrator spoke with Resident D after this was reported and Resident D explained that Resident B followed her to her room, put his hand on her door and told her to "get in there and stay." The Housekeeping		and not reported to IDOH, they will be reported. **3) Measures put into place/ System changes:** All staff were in-serviced on the IDOH abuse reporting regulation. The Administrator and the Director of Nursing Services were re-educated on the IDOH Reportable Unusual Guidance Policy by the Regional Nurse Consultant. The Administrator will review all occurrences with the IDT and determine if the incident is considered a reportable. This will be reviewed on business days during the clinical meeting. **4) How the corrective actions will be monitored:** The Administrator and/ or Designee will perform an audit of incidents that occur in the facility to ensure that alleged abuse incidents are reported to IDOH in accordance with Envive Healthcare's policy and the Indiana State Regulation. Audits will be performed weekly x4 weeks, Bi-weekly X4 weeks, Monthly x4 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or	

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	Supervisor received two different stories than what the Administrator received. The Administrator spoke with each staff member, and no one saw it happen as well as no one saw Resident B on that end of the hall that morning. A handwritten statement by RN 4, dated 5/17/24, indicated RN 4 was standing at the blood sugar medication cart and Resident D told her Resident B had pushed her into her room and she was going to move to another room. A handwritten statement by the Housekeeping Supervisor, dated 5/17/24 at 8:35 a.m., indicated Resident D came up to her in the hall and told her Resident B shoved her into her room and told her he was going to knock her on her a--. When the Housekeeping Supervisor came out of room 219, Resident B was outside of a nearby room, nowhere close to her room, walking towards her. A social service note, dated 5/20/24 at 2:56 p.m., indicated the Social Service Director checked with Resident D regarding her room change. She stated she was comfortable in the room, and she had no further issues with her peer. If she saw him in the hallway, she just didn't talk to him or went in the other direction. During an interview with the Administrator, on 6/17/24 at 12:20 p.m., she indicated Resident D initially reported to the Housekeeping Supervisor that Resident B pushed her in her room and told her to stay in her room. When the Administrator went to Resident D's room to interview her, she indicated to her Resident B followed her to her room, put his hand on her door, and told her to get in there and stay. The allegation was not reported to the state agency because when she went to talk to Resident D, she changed her story		greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. **5) Date of compliance: 7/3/2024**	

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	and said that he followed her to her room and put his hand on her door and told her to get in there and stay. A current facility policy, titled "Resident Abuse, Neglect and Exploitation Procedural Guidelines," provided by the Administrator on 6/17/24 at 1:59 p.m., indicated the following: "...Procedures...4. ...d. Identification...ii. The Executive Director is responsible for: 1. Notification to the State Department of Health (per State Guidelines) ...g. Reporting/response ...ii. Ensure that all alleged violations involving abuse...are reported immediately...and to other officials (including to the State Survey Agency) ...." This citation relates to Complaint IN00432995. 3.1-28(c)			