PRINTED: 03/31/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03			(X3) DATE SURVEY COMPLETED	
		455050				R	
		155859	B. WING _			03/	29/2023
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
ENVIVE O	F BEECH GROVE			501 N 17TH AVE			
				BEECH GROVE, IN 46107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		5.475	
{E 000}	Initial Comments		{E 0€	00}			
	Preparedness Survey conducted by the Indiaccordance with 42 C						
{K 000}	was found in complia Preparedness Requir Medicaid Participating 42 CFR 483.73.  The facility has 52 ce the survey, the censur Quality Review compliant Review compliant Comments  A Post Survey Revision Code Recertification aconducted on 01/26/2 Indiana Department of 42 CFR 483.90(a).  Survey Date: 03/29/2  Facility Number: 000 Provider Number: 15 AIM Number: 100274	391 391 398 4990  The Emergency A Envive of Beech Grove Ince with Emergency Itements for Medicare and Item Providers and Suppliers,  Intified beds. At the time of Item was 39.  Ileted on 03/30/23  Item (PSR) to the Life Safety Item of Health in accordance with  3 391 391 391 3990	{K 0:	00}			
	At this PSR survey, E	Invive of Beech Grove was					
_ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE			(X6) DATE

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 90 days 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 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION 11, 02, 03	(X3) DATE COMP	SURVEY LETED
		155859	B. WING	B. WING		R 03/29/2023	
NAME OF PROVIDER OR SUPPLIER			<u> </u>	S	STREET ADDRESS, CITY, STATE, ZIP CODE	03/	29/2023
ENVIVE OF BEECH GROVE					01 N 17TH AVE BEECH GROVE, IN 46107		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH C		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
{K 000}	Participation in Medic Subpart 483.90(a), Li 2012 Edition of the N Association (NFPA) 1 Chapter 19, Existing and 410 IAC 16.2.  This facility was surve buildings due to the different portions of the one story health of 1997, was determined construction and fully had hard wired smoke barriers and in rooms. Building 0202 of the fully sprinklered basement adjacent to separated by a two he be of Type I (332) con and the basement of was constructed in 18 customary access to building. Building 020 smoke detection systillevel facility consisting addition with each of ground level was detection local Therapy Wing addition and has a fire alarm is smoke detection local Therapy wing addition and has a fire alarm is smoke detection local Therapy Wing additionant has a fire alarm is smoke detection local. The facility has a capiensus of 39 at the time.	with Requirements for care/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies  eyed as three separate lifferent construction types of the building. Building 0102, care center constructed in do to be of Type II (000) sprinklered. Building 0102 the detectors located near in all resident sleeping 2, consisting of the first floor do three story building with a so the health care center, and four wall was determined to instruction. The first floor the adjacent building which 259 was surveyed due to the chapel and Salon in the 102 had a complete corridor the ment of the Therapy Wing the two floors exiting at the first floor fl	{K C	000}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02, 03</b>			(X3) DATE SURVEY COMPLETED	
		155859	B. WING _	B. WING		R 03/29/2023		
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE			•	50 <sup>-</sup>	REET ADDRESS, CITY, STATE, ZIP CODE  1 N 17TH AVE  EECH GROVE, IN 46107			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	Continued From page was not sprinklered.	÷ 2	{K 0	00}				
{K 000}	Quality Review completed on 03/30/23 INITIAL COMMENTS		{K 0	00}				
	Code Recertification a conducted on 01/26/2	it (PSR) to the Life Safety and State Licensure Survey 23 was conducted by the of Health in accordance with						
	Survey Date: 03/29/2	3						
	Facility Number: 000 Provider Number: 18 AIM Number: 10027	55859						
	found in compliance we Participation in Medic Subpart 483.90(a), Li 2012 Edition of the National Association (NFPA) 1	Envive of Beech Grove was with Requirements for eare/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies						
	buildings due to the d different portions of the the one story health of 1997, was determined construction and fully had hard wired smoke smoke barriers and in rooms. Building 0202 of the fully sprinklered basement adjacent to	eyed as three separate lifferent construction types of the building. Building 0102, care center constructed in d to be of Type II (000) sprinklered. Building 0102 to detectors located near all resident sleeping 2, consisting of the first floor d three story building with a to the health care center, and our wall was determined to						

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		155859	B. WING	B. WING			R 03/29/2023	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE  501 N 17TH AVE  BEECH GROVE, IN 46107					
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{K 000}	and the basement of was constructed in 19 customary access to building. Building 020 smoke detection systelevel facility consisting addition with each of ground level was dete (111) construction and Therapy Wing addition and has a fire alarm somoke detection local The facility has a capicensus of 39 at the tire. All areas where reside were sprinklered. The garage providing facility was not sprinklered.  Quality Review complimitation of the providing facility and providing facility and providing facility and providing facility. A Post Survey Revision Code Recertification a conducted on 01/26/2	nstruction. The first floor the adjacent building which 159 was surveyed due to the chapel and Salon in the 102 had a complete corridor tem. Building 0302 is a split tg of the Therapy Wing the two floors exiting at termined to be of Type V d fully sprinklered. The in was constructed in 2015 tystem with hard wired ted near smoke barriers. ted the near smoke barriers. ted the sist.  The system with a detached ten of this visit.  The system with the sale time of the system that a detached the system with the sale time of the system that a detached the system with the sale time of the system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the sale time system that a detached the system with the system system that a detached the system system system that a detached	{κ o					
	At this PSR survey, E found in compliance v	nvive of Beech Grove was vith Requirements for						

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	ROVIDER OR SUPPLIER F BEECH GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE  501 N 17TH AVE  BEECH GROVE, IN 46107			23/2020		
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{K 000}	Subpart 483.90(a), Li 2012 Edition of the N Association (NFPA) 10 Chapter 19, Existing and 410 IAC 16.2.  This facility was surve buildings due to the codifferent portions of the theone story health of 1997, was determine construction and fully had hard wired smoke barriers and in rooms. Building 0200 of the fully sprinklered basement adjacent to separated by a two highest bear and the basement of was constructed in 190 customary access to building. Building 02 smoke detection system level facility consistin addition with each of ground level was detection and the same addition with each of ground level was detection local the facility has a capter of the facility has a capter of 39 at the time. All areas where resident were sprinklered. The	fe Safety From Fire and the ational Fire Protection on, Life Safety Code (LSC), Health Care Occupancies  eyed as three separate different construction types of the building. Building 0102, care center constructed in the double of Type II (000) of sprinklered. Building 0102 of detectors located near that all resident sleeping consisting of the first floor of three story building with a continuous the health care center, and four wall was determined to the health care center, and four wall was determined to the chapel and Salon in the construction. The first floor the adjacent building which construction are surveyed due to the chapel and Salon in the construction of the Therapy Wing the two floors exiting at the two floors exiting at the ermined to be of Type V defully sprinklered. The forward constructed in 2015 system with hard wired ted near smoke barriers.	{K 0	00)					

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NAME OF FROVIDER OR SUFFLIER					501 N 17TH AVE			
ENVIVE O	F BEECH GROVE			BEECH GROVE, IN 46107				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION	N (X5)			
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	Quality Review comp	loted on 03/30/23						
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