

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

PRINTED: 12/26/2024

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 12/03/2024	
NAME OF PROVIDER OR SUPPLIER  ENVIVE OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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	<p>This visit was for Investigation of Complaints IN00447984, IN00447337, and IN00446745.</p> <p>Complaint IN00447984 - Federal/State deficiency related to the allegations are cited at F755.</p> <p>Complaint IN00447337 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446745 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 2 and 3, 2024</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: 2 Medicaid: 49 Other: 4 Total: 55</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 12, 2024.</p>			F 0000	<p>The facility respectfully requests desk review for this citation.This Plan of Correction is the center's credible allegation of compliance.</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on record review and interview, the facility</p>			F 0755	<p>The facility respectfully requests</p>		12/26/2024

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

TITLE

(X6) DATE

Ryan Kinzie

Executive Director

12/23/2024

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 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 30 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>failed to ensure medications were received from pharmacy in accordance with policy to ensure the safe handling of narcotics.</p> <p>Findings include:</p> <p>Review of a facility reportable, dated 11/25/24, indicated on 11/24/24, LPN 1 received medications from the pharmacy and did not secure a pill card of tramadol (opiod analgesic) immediately or properly. This deficient practice resulted in the 30 pill card becoming missing.</p> <p>Review of a written statement by LPN 1, provided by the facility, indicated on 11/24/24 at approximately 8:30 p.m., medications from the pharmacy were delivered to the facility. LPN 1 placed the 30 pill card of Tramadol (opiod analgesic) in the nurses' station, unsupervised. After checking the number of medications against the medications on the list, LPN 1 became distracted and placed the card of tramadol on the back of the desk in the nurses' station. As he continued with task throughout the shift, LPN 1 failed to realize the Tramadol had not been properly secured in the locked narcotic drawer of the medication cart. LPN 1 did not realize the medication were not present until the morning medication administration pass.</p> <p>LPN 1 was not available for interview during the survey.</p> <p>During an interview on 12/3/3/24 at 7:46 a.m., LPN 2 indicated medications from the pharmacy were checked and the nurse signed off receipt. If there were narcotics for another medication cart, the medications should be locked up in a cart until they could be delivered to the proper cart. Medications should never be left unsupervised.</p>				<p>desk review for this citation. This Plan of Correction is the center's credible allegation of compliance.</p> <p>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.</p> <p>F 755 Pharmacy Srvcs/Procedures/Pharmacist/Rec ords</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The resident whose medications were not properly received from pharmacy had the medication refilled by pharmacy, The resident did not miss any doses and had no negative outcomes.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) be taken?</p>		

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	<p>During an interview on 12/3/24 at 9:30 a.m., the DON indicated LPN 1 had received a medication delivery from the pharmacy. LPN 1 reported he had gotten distracted before he could put away the medications and left a card of tramadol at the nurses station. The card contained 30 pills. When LPN 1 returned to the nurses station, the medications were gone. The DON indicated medications should never be left at the nurses station. If something were to happen and he was unable to put all of the medications away, he should have locked them in the bottom of the medication cart.</p> <p>A current undated policy titled "Controlled Medication-Ordering &amp; Receipt" was provided by the DON on 12/3/24 at 9:30 a.m. The policy indicated the following: " .... 6. Medications listed in Schedule II, are stored under double lock in a locked cabinet or safe designed for that purpose, separated from all other medications. Alternatively, in a unit dose system, Scheduled III, IV, and V medications may be kept with other medications in the cart. In some States all controls must be secured in the lock box located in the medication cart if so, the State regulation will supersede. 7. The medication nurse on duty maintains possession of a key to controlled medications. The Director of Nursing keeps back-up keys to all medication storage areas, including those for controlled medications. ...."</p> <p>This citation relates to Complaint IN00447984.</p> <p>3.1-25(n)</p>				<p>A full house narcotic reconciliation was conducted on November 24, 2024, with no discrepancies identified. All residents with orders for narcotic medications have the potential to be affected by the cited practice; thus, this plan of correction applies to those residents.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Licensed nurses and QMAs were re-educated relative to Pharmacy Srvcs/Procedures/Pharmacist/Records, including, but not limited to, Controlled Medication – Ordering &amp; Receipt, and Receiving Medications from Pharmacy. Education was completed on November 27, 2024.</p> <p>LPN #1 was issued disciplinary action and received directed in-service education.</p> <p>4 How the corrective action(s) will be monitored?</p>		

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			DNS/Designee will be responsible to reconcile medications received from pharmacy to ensure all medications delivered are accounted for 3 times weekly x 4 weeks, 1 time weekly x 4 weeks, bi-weekly x 4 weeks, then monthly for 3 months. Any identified concerns will be promptly addressed with the responsible individual(s).  DNS/Designee will provide audit results in QAPI meeting monthly for 6 months. or until an average of 90% compliance or greater is achieved x3 consecutive months. The QAPI Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.  5. Completion date: December 26, 2024		