

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

PRINTED: 04/27/2023
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155468 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 04/24/2023 |
| NAME OF PROVIDER OR SUPPLIER ENVIVE OF SULLIVAN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 325 W NORTHWOOD DR SULLIVAN, IN 47882 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 | |
| {E 000} | Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/16/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/24/23 Facility Number: 000525 Provider Number: 155468 AIM Number: 100267010 At this PSR survey, Envive of Sullivan was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 77 certified beds. At the time of the survey, the census was 37. Quality Review completed on 04/26/23 | {E 000} | | | |
| {K 000} | INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/16/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/24/23 Facility Number: 000525 Provider Number: 155468 AIM Number: 100267010 At this PSR survey, Envive of Sullivan was found in compliance with Requirements for Participation | {K 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/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.

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| {K 000} | <p>Continued From page 1</p> <p>in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, and the 300 hall resident rooms, plus battery operated smoke alarms in all resident sleeping rooms on the 100 and 200 halls. The facility has a capacity of 77 and had a census of 37 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached garage used for a maintenance shop and two wood storage sheds.</p> <p>Quality Review completed on 04/26/23</p> | {K 000} | | | |