

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

PRINTED: 04/08/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155699		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/13/2025	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF HARTFORD CITY				STREET ADDRESS, CITY, STATE, ZIP COD 715 N MILL ST HARTFORD CITY, IN 47348			
(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 the Investigation of Complaints IN00453004 and IN00453733.</p> <p>Complaint IN00453733 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453004 - Federal/state deficiencies related to the allegations are cited at F761.</p> <p>Survey dates: March 12 and 13, 2025</p> <p>Facility number: 000290 Provider number: 155699 AIM number: 100379970</p> <p>Census Bed Type: SNF/NF: 29 Total: 29</p> <p>Census Payor Type: Medicare: 4 Medicaid: 21 Other: 4 Total: 29</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 19, 2025.</p>			F 0000	<p>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 conducted March 12th & 13th, 2025.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of April 2, 2025. The provider respectfully <u>requests desk review with paper compliance</u> to be considered in establishing that the provider is in substantial compliance.</p>		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident medications were properly labeled and disposed of for 1 of 3 medication carts observed. (200</p>			F 0761	<p>F761 – Label/Store Drugs and Biologicals The facility failed to ensure resident medications were</p>		04/02/2025

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

TITLE

(X6) DATE

Jackman

Sarah

04/01/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>Front Hall Cart)</p> <p>Finding includes:</p> <p>During an observation, on 3/13/25 beginning at 11:04 a.m., the top drawer in the left section of the 200 Front Hall Medication Cart contained an uncovered paper medication cup containing a green capsule, two cream-colored capsules, two round white tablets, and one oblong oval shaped white tablet. The paper cup had Resident N's last name and the words "evening meds" written in pen on it.</p> <p>During an interview, at the same time of the observation above, LPN 3 indicated she had not noticed the paper cup of medications in the cart when she passed medications earlier. Resident N had probably refused the medications, and the evening shift nurse had forgotten to destroy them. When a resident refused his/her medication, the medication should be destroyed right away.</p> <p>During an interview, on 3/13/25 at 11:06 a.m., the Director of Nursing indicated medications should be destroyed immediately after a resident refused them, and medications found in medication cups in the medication cart should be destroyed upon finding them.</p> <p>A current facility policy, dated 8/2024, titled "Discarding and Destroying Medications," provided by the Administrator on 3/13/25 at 1:57 p.m., indicated the following: "...Medications that cannot be returned to the dispensing pharmacy (e.g., non unit-dose medications, medications refused by the resident, and/or medications left by residents upon discharge) are disposed of in accordance with federal, state and local regulations governing management of</p>				<p>properly labeled and disposed of for 1 of 3 medication carts observed.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1 resident was affected by the alleged deficient practice. Resident N's medication were immediately destroyed by 2 Nurses</p> <p>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.</p> <p>- All residents have the potential to be affected by the alleged deficient practice. - All medication carts were checked immediately for any undestroyed medications. No further action was needed.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>-All licensed Nurses and QMA's were educated on medication disposal on 03/14/25.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance</p>		

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	<p>non-hazardous pharmaceuticals, hazardous waste and controlled substances"</p> <p>This citation relates to Complaint IN00453004.</p> <p>3.1-25(k) 3.1-25(o)</p>				<p>program will be put into place? DNS/Designee will audit all medication carts 5x weekly x 4 weeks, then 3x weekly x 4 weeks, then 2x weekly x 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.</p> <p>5. Date of completion: 04/02/2025</p>		