PRINTED: 01/03/2023 FORM APPROVED

STATEME	R MEDICARE & MEDIC NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155473	(X2) MULTIPLE C A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 12/15/2022
	PROVIDER OR SUPPLIE OF BERNE	R	1065 F	CADDRESS, CITY, STATE, ZIP COD PARKWAY ST E, IN 46711	
(X4) ID PREFIX TAG F 0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
Bldg. 00	Licensure Survey. Survey dates: Dece 2022 Facility number:00 Provider number:1 AIM number:1002 Census Bed Type: SNF/NF:36 Total:36 Census Payor Type Medicare:7 Medicaid:25 Other:4 Total:36 These deficiencies accordance with 41	55473 67370 :: reflect State Findings cited in	F 0000	PLAN OF CORRECTION FOR ENVIVE OF BERNE F000 INITIAL COMMENTS Preparation or execution of thi plan of correction does not constitute admission or agreed of provider of the truth of the falleged or conclusions set fort the Statement of Deficiencies. Plan of Correction is prepared executed solely because it is required by the position of Fedand State Law. The Plan of Correction is submitted to respond to the allegation of noncomplicited during the Recertification State Licensure Survey complion December 11, 12, 13, 14 and 15, 2022. Please accept this Plan of Correction as the provider's credible allegation of compliar as of December 29, 2022. The provider respectfully requests review with paper compliance be considered in establishing the provider is in substantial compliance.	ment acts h on The l and deral pond ance n and leted nd
F 0641 SS=D Bldg. 00		ssments acy of Assessments. must accurately reflect the			
	Based on observati	on, interview, and record	F 0641	F641 – Accuracy of Assessments	12/29/2022
LABORATO	RY DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE	(X6) DATE

Shelley Miller

12/29/2022

Any defiency statement 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YOB311 Facility ID:

Chief Nursing Officer

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155473		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 12/15/2022		
	PROVIDER OR SUPPLIEI OF BERNE	2	STREET ADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION	
TAG	review, the facility assessments were conversed. (Resident Findings included: During an observat Resident 10 was observed apron and staff was materials. During an observat Resident 10 was observed apron and staff was materials. During an observat Resident 10 was observed apron and staff was materials. During an observat Resident 10 was observed apron and staff was materials. During an observat Resident 10 was observed apron and staff was materials. Resident 10 was observed apron and staff was materials. Resident 10's reconsidered apron and staff was materials. Resident 10's reconsidered apron and staff was materials.	failed to ensure smoking ompleted for 1 of 2 residents to 10) ion on 12/12/22 at 9:34 AM, served smoking with other ignated smoking area outside at 10 was wearing a protective assisting with smoking ion on 12/12/22 at 1:36 PM, served smoking with other ignated smoking area outside at 10 was wearing a protective assisting with smoking ion on 12/12/22 at 9:49 AM, served smoking with other ignated smoking area outside at 10 was wearing a protective assisting with smoking ion on 12/14/22 at 9:49 AM, served smoking with other ignated smoking area outside at 10 was wearing a protective assisting with smoking d was reviewed on 12/12/22 at sees included major depressive severe with psychotic resocial or emotional deficit infarction, other cerebral clusion or stenosis of small othy in diseases classified disorder, unspecified.	TAG	SS=D "The facility failed to ensure smoking assessments were completed for 1 of 2 residents reviewed. (Resident 10)" 1. What corrective action(swill be accomplished for the residents found to have been affected by the deficient practice? Resident 10 had smoking assessment completed and documented. 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? All residents who smoke have the potential to be affect by this alleged deficient practic. All residents who smoke were audited to ensure they he smoking assessments completed and documented. All assessments are in place. 3. What measures will be prin place or what systemic changes will be made to ensure that the deficient	s) se n g nt d e ed ce. ave	
	10/18/22, indicated	Set (MDS) assessment, dated Resident 10 had a Brief al Status (BIMS) score of 15		practice does not occur? All licensed clinical staffs	will	

(cognitively intact).

be in-serviced on:

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPLETED	
		155473	B. W	ING		12/15/	2022
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S DI AN OF CODDECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	A facility nursing as evaluation, dated 3/smoking evaluation A physician progres indicated Resident 1 Resident 10 had sm day for 46 years. A supervised smoking 4/11/22, was signed policy/contract inclusting times, the behavioral contract, smoking times, the when a resident vio policy/contract did in resident that wished a supervised smoking times, the when a resident who wis smoking times, the when a resident who wis smoking times, the behavioral contract, smoking times, the behavioral contract, smoking times, the behavioral contract, smoking related behavioral contract, smoking related behavioral contract, smoking policy/con assessment of a resident vio smoking policy/con assessment of a resident vio graph of the properties of Nursing log indicated Reside 2, 3, 4, 5, 6, 7, 8, 9, 21, 22, 23, 25, 26, 2	dmission/readmission 25/22, indicated, under the , Resident 10 did not smoke. ss note, dated 4/14/22, 10 was a current daily smoker. oked 1 pack of cigarettes per Ing policy/contract, dated I by Resident 10. The uded rules to be followed by shed to smoke, the designated facility's right to implement a , monitor, document all naviors and the facility's rights lated the smoking policy. The not include an assessment of a I to smoke. Ing policy/contract, dated and by Resident 10. The uded rules to be followed by shed to smoke, the designated facility's right to implement a , monitor, document all naviors and the facility's rights lated the smoking policy. The tract did not include an dent that wished to smoke. Invity tracking log for Resident on 12/13/22 at 11:07 AM. The ent 10 smoked on November 1, 10, 11, 12, 13, 14, 16, 17, 18, 19,			o "Smoking Policy", including completion and documentation smoking assessments. 4. How the corrective action will be monitored to ensure the deficient practice will not recipie, what quality assurance program will be put into place. DNS/designee will audit a newly admitted residents daily Monday thru Friday for 6 montand ongoing to ensure newly admitted residents who smoke have a smoking assessment completed and documented. The results of these audits will reviewed by the QAPI committo overseen by the Executive Dirfor no less than six months. The results will be reviewed for patterns, trends and continued recommendations for process monitoring and improvement us 100% compliance is achieved. 5. Date of completion: 12/29/2022	n of he cur e? all ths e tee ector ne	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		155473	B. WING		12/15/2022	
	PROVIDER OR SUPPLIER	3	1065 F	ADDRESS, CITY, STATE, ZIP COD PARKWAY ST E, IN 46711	•	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	· ·	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
	10, dated December	r 2022, was provided by the				
Director of Nursing on 12/13/22 at 11:07 AM. The						
log indicated Resident 10 smoked on December 1,						
2, 3, 5, 6, 7, 8, 9, 10, and 12.						
	A care plan initiate	ed on 12/13/22, indicated				
	_	e to use tobacco products. The				
		ident 10 would adhere to the				
	_	policy and would not have any				
	injuries related to si	moking through the next				
		entions indicated the facility				
		noking assessments as				
		olan was in place for smoking				
	prior to 12/13/22.					
	No smoking assessi record.	ments were in Resident 10's				
	In an interview on 1	12/12/22 at 12:06 PM, RN 2				
		sion assessment, completed by				
		smoking assessment. RN 2				
		vices might, also, do an				
	assessment.					
	In an interview on 1	12/12/22 at 1:50 PM, the Social				
		SD) indicated an initial smoking				
		be done by nursing and				
		nts were to be done by the				
	SSD.	·				
	In an intermitation	12/12/22 o+ 0.27 ANA 41-				
		12/13/22 at 9:37 AM, the g (DON) indicated a resident's				
		assessed by a nurse in the				
	~	sion assessment. If the				
		the resident was a smoker,				
	_	s would populate to be				
		N indicated quarterly smoking				
		be done by the SSD. The				
		sident's desire to smoke did				
	not require a physic	cian's order but "absolutely				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YOB311 Facility ID: 000546

If continuation sheet Page 4 of 13

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

PRINTED: 01/03/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPLETED	
		155473	B. W	ING		12/15	/2022
NAME OF I	DDOMDED OD CHIDDI IEI		•	STREET A	ADDRESS, CITY, STATE, ZIP COD	•	
NAME OF I	PROVIDER OR SUPPLIEI	K		1065 PA	ARKWAY ST		
ENVIVE	OF BERNE			BERNE	i, IN 46711		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	needed to be care p	lanned."					
	T., :	12/12/22 10:11 AM 4b - D - : - : - 1					
		12/13/22 10:11AM, the Regional a care plan should be					
		dent desired to smoke. The					
	-	indicated when a resident					
		smoking policy/contract, it					
		ent was assessed for smoking.					
		nent questions were found					
		smoking policy/contract.					
	within the facility s	micking poney/contract.					
	A current policy, ti	tled Smoking Policy, dated					
		under Procedure: "3.					
	Assessments of res	idents a. Each resident who					
	smokes must have	a smoking assessment					
	completed upon ad	mission, quarterly and with					
	significant change	in condition by Social Services					
	or designee. b. Smo	oking assessment will determine					
	the amount of supe	rvision required for each					
	resident. Supervision	on requirements will be care					
	planned and comm	unicated to staff monitoring					
	smoking"						
F 0722	400.05(-)(4).(4)						
F 0732 SS=C	483.35(g)(1)-(4)	effica da forma e ti a c					
Bldg. 00	Posted Nurse Sta	_					
Blug. 00	- ,-,	Staffing Information.					
		ta requirements. The facility					
		owing information on a daily					
	basis: (i) Facility name.						
	(ii) The current da	nto.					
	` '	ber and the actual hours					
		lowing categories of					
		censed nursing staff directly					
		sident care per shift:					
	(A) Registered nu						
	` '	ctical nurses or licensed					
	· · ·	(as defined under State					
	law).	, as domina direct state					
	(C) Certified nurse	e aides.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YOB311 Facility ID: 000546

If continuation sheet

Page 5 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 155473	A. BUIL B. WINC		00	COMPLETED 12/15/2022	
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
	OF BERNE		1065 PARKWAY ST BERNE, IN 46711				
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		REFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION DATE
1110	(iv) Resident cens						D.III.D
	§483.35(g)(2) Positive facility murdata specified in procession on a daily each shift. (ii) Data must be (A) Clear and rea (B) In a prominen residents and visitive facility for the procession of the facility. Findings included: In an observation of daily staffing post in urse's station was dated 11/22/2022. In an observation of the procession of the facility of the fa	sting requirements. st post the nurse staffing paragraph (g)(1) of this basis at the beginning of posted as follows: dable format. t place readily accessible to tors. blic access to posted nurse a facility must, upon oral or make nurse staffing data sublic for review at a cost not immunity standard. cility data retention are facility must maintain the estaffing data for a conths, or as required by ever is greater. on, and interview, the facility daily report of nursing staff are for resident care was as a fersidents currently resided	F 073	2	F732 – Posted Nurse Staffing Information SS=C "The facility failed to ensure the daily report of nursing staff dir responsible for resident care to accurately posted. 36 resident currently resided in the facility 1. What corrective action(swill be accomplished for the residents found to have been affected by the deficient practice? The daily report of nursing staff directly responsible for	ne rectly was ts '." s) se	12/29/2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YOB311

Facility ID: 000546

If continuation sheet

Page 6 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPLETED	
		155473	B. W	ING	_	12/15/	2022
	PROVIDER OR SUPPLIER	<u> </u>	1	1065 P	ADDRESS, CITY, STATE, ZIP COD	•	
ENVIVE (OF BERNE			BERNE	E, IN 46711		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.ΤΕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		n 12/11/2022 at 1:05 PM, the			resident care was posted.		
		post continued to show the			No residents were affect		
date of 11/22/2022. Floor staff walked past the daily staff post without acknowledgement.				by this alleged deficient practi	ce.		
	dany stan post with	iout acknowledgement.			2. How other residents		
	An interview with t	he Director of Nursing at 1:07			having the potential to be		
		was a floor nurse in charge of			affected by the same deficien	nt	
		ost, this staff member worked			practice will be identified and		
		d the post should be changed			what corrective action will be		
	every day.				taken?		
		RN 2 on 12/12/2022 at 12:05 PM,			All residents have potent	ial	
		ot been told she was in charge			to be affected by this alleged		
		y staff post. The posting was			deficient practice.		
	-	shift since it was easier to			DNS/designee will post t		
	-	day would begin on their ow it was her responsibility.			daily report of nursing staff dir	-	
	shirt, she did not kn	ow it was her responsibility.			responsible for resident care s days a week.	seven	
	A policy. Nurse sta	ffing posting policy and			days a week.		
		2022. Was provided by the			3. What measures will be j	out	
	-	on 12/12/2022 at 11:57 AM.			in place or what systemic		
	_	d" Posting of information			changes will be made to		
	will be completed b	y the designated person in	ensure that the deficient				
	-	requirements, Facility name,			practice does not occur?		
	· ·	umber of actual hours worked					
	-	Registered Nurses, Licenses			DNS will be in-serviced of		
		alified Medication Aides, and des and Resident Census"			"Nursing Staffing Posting Police	cy"	
	Cerunieu Nuises Al	ues and Resident Census			4. How the corrective action	on	
					will be monitored to ensure t	_	
					deficient practice will not red		
					i.e., what quality assurance		
					program will be put into place	e?	
					· ED/designee will audit th		
					daily report of nursing staff dir	-	
					responsible for resident care t		
					times a week x 4 weeks, then		
					twice a week x 8/ weeks, then		
					weekly x 3 months to ensure t	:he	

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

PRINTED: 01/03/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 155473	A. BUILDING B. WING	00	COMPLETED 12/15/2022
	PROVIDER OR SUPPLIER		1065 P	ADDRESS, CITY, STATE, ZIP COD ARKWAY ST E, IN 46711	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE
F 0757 SS=D Bldg. 00	483.45(d)(1)-(6) Drug Regimen is F Drugs §483.45(d) Unnece Each resident's drufter from unnecessary drug is any drug w §483.45(d)(1) In eduplicate drug there §483.45(d)(2) For §483.45(d)(3) Withor §483.45(d)(4) Withfor its use; or §483.45(d)(5) In the consequences whishould be reduced	Free from Unnecessary essary Drugs-General. ug regimen must be free drugs. An unnecessary then used-	TAG	daily report of nursing staff of responsible for resident care posted seven days a week. The results of these audits wereviewed by the QAPI commoverseen by the Executive Date for no less than six months. The results will be reviewed for patterns, trends and continuous recommendations for process monitoring and improvement 100% compliance is achieve 100% completion: 12/29/2022	irectly is vill be ittee virector The ed ss

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YOB311

Facility ID: 000546

If continuation sheet

Page 8 of 13

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155473 IDENTIFICATION NUMBER 155473 INSIDE TADDRESS, CITY, STATE, ZIP COD 1065 PARKWAY ST BERNE, IN 46711 OC4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PRESIX TAG TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG PRESIX TAG TAG PRESIX TAG PRESIX TAG TAG TAG PRESIX TAG	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER ENVIVE OF BERNE IN SUMMARY STATEMENT OF DEFICIENCE PREFIX TAG REGULATORY OR LISC DIDN'THYTHING INTORMATION reasons stated in paragraphs (d)(1) through (5) of this section. Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: The facility failed to ensure a medication but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, recurrent hematuria, hyperglycemia, A fib, recurrent eare plan did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a diagnoses of seizure or migraine. Resident 134's current care plan did not indicate a diagnoses were in place for each medications to insure the appropriate diagnoses were in place for each medication.	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00		
In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, respiratory artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses is did not include a history of migraines or a seizure disorder. Resident 134's current care plan did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a diagnoses were: in place for each medications. The Machine and addresseleness. The MDS did not indicate a diagnoses were in place for each medication. Resident 134's current care plan did not indicate a diagnoses were: in place for each medication. Resident 134's current care plan did not indicate a diagnoses were: in place for each medication.			155473	B. W	ING		12/15/2022	
In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, respiratory artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses is did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a diagnoses were: fracture, A fib, neumonia, anxiery disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atheroselerosis. The MDS did not indicate a diagnoses of seizure or migraine. Resident 134's current care plan did not indicate a diagnoses were in place for each medication. Resident 134's current care plan did not indicate a diagnoses were in place for each medication. Resident 134's current care plan did not indicate a diagnoses were in place for each medication.			<u>l</u>		STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
ENVIVE OF BERNE (XA) ID REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION (S) of this section. Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2.18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fin, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a scizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. BERNE, IN 46711 D PREFIX TAG REGULATORY OR LSC DENTIFYING INFORMATION PROFIX TAG DATE PROFIX TAG PRO	NAME OF P	PROVIDER OR SUPPLIER	2					
PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG	ENVIVE	OF BERNE						
TAG REGULATORY OR LSC IDENTIFYING MYORT MATTOR Teasons stated in paragraphs (d)(1) through (5) of this section. Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: In an interview on 12/12/22 at 9.26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavricle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, burn, and shistory of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/12/12 indicated diagnoses were: fracture, A fib, pneumonia, achieved diagnosis, completed on 12/12/22 indicated diagnoses were: fracture, A fib, pneumonia, anixety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atheroselcrosis. The MDS did not indicate a diagnosis of scizure or migraine. PREFIX TAG RESIDLATORY OR LE IDENTICATION SAFPROGRAME CONSTACTION CONSTACTI	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		
reasons stated in paragraphs (d)(1) through (5) of this section. Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, recurrent, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, and atheroselcrosis. The MDS did not indicate a diagnosis of scizure or migraine. Resident 134's current care plan did not indicate a diagnoses were in place for each medication.	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
(5) of this section. Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section 1 (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, neumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, bum, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. F 0757 ► True facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134's). The facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134's). 1341." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 2. How other residents have the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents reviewed. (Resident 134). 1341." 1. What corrective action(s) will be eacidents reviewed. (Resident 134's diagnosis for medication was corrected. 2. How other residents have the potential to be affected by this alleged deficient practice. 100% audit was c	TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		
Based on interview and record review the facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section 1 (active diagnosis), completed on 12/1/22 indecaded diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atheroselerosis. The MDS did not indicate a diagnosis of seizure or migraine. F 0757 — Drug Regimen is Free from Unnecessary Drugs SS=D "The facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents reviewed. (Resident 134)." 1. What corrective action(s) will be affected by the same deficient practice will be identified and what corrective action will be taken? 2. How other residents having the potential to be affected by the same deficient practi								
failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/122 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Frindings include: "The facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134's) in control to gioagnosis for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. Resident 134's diagnosis for medication was corrected. An admission MDS (minimum data set) affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. In an interview on 12/12/22 at 2:18PM. The facility failure, recurrent menaturia, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnoses were in place for each medication.		` '						
appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134). Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/12/2 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. SS=D The facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134) en tide diagnosis for those residents reviewed. (Resident 134) entities and paperopriate diagnosis for those residents reviewed. (Resident 134) entities and paperopriate diagnosis for those residents reviewed. (Resident 134) entities and paperopriate diagnosis for those residents reviewed. (Resident 134) entities and paperopriate diagnosis for those residents reviewed. (Resident 134) entites and paperopriate diagnosis for 1 of 5 residents and appropriate diagnosis for 1 of 5 residents and appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134) entities and paperopriate diagnosis for 104 for those residents found to have been affected by the deficient practice? 2. How other residents have deficient practice will be identified and what corrective action will be taken? 3. Halled to ensure a medication prescribed had an appropriate diagnosis for 10			-	F 0'	757		12/29/2022	
"The facility failed to ensure a medication prescribed had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section 1 (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. "The facility failed to ensure a meedication respectable had an appropriate diagnosis for 1 of 5 residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 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? All residents have the potential to be affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. 10 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.								
Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section 1 (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. medication prescribed had an appropriate diagnosis for 10 f 5 residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication in prescribed diagnosis of solication was corrected. Resident 134's diagnosis for medication in prescribed diagnosis for 10 f 5 residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. Resident 134's diagnosis for medication was corrected. Resident 134's diagnosis for medication was corrected. Resident 134's diagnosis for medication in toose residents found to have been affected by the deficient practice? How other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications								
Findings include: In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a ### Appropriate diagnosis for 10 f 5 residents reviewed. (Resident 134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) #### All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		reviewed. (Resident	t 134).			·		
In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh, Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. In an interview on 12/12/22 at (134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 2. How other resident having the potential to be affected by the same deficient practice? All residents have the potential to be affected by this alleged deficient practice. All residents nave the optomic and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ens		E. 1 1 1				·		
In an interview on 12/12/22 at 9:26AM, Resident 134 indicated she took medications but was unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. 134)." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 2. How other residents having the potential to be affected by the salication will be taken? 341-34'." 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 2. How other residents having the potential to be affected by the salication was corrected. 342-35-36-36-36-36-36-36-36-36-36-36-36-36-36-		Findings include:						
1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 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? 3. Having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? 4. All residents have the potential to be affected by this alleged deficient practice. 5. All residents have the potential to be affected by this alleged deficient practice. 6. All residents have the potential to be affected by this alleged deficient practice. 8. All residents have the potential to be affected by this alleged deficient practice. 9. All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active residents to ensure the appropriate diagnoses were in place for each medication.		In an inter	12/12/22 at 0.26 AM D: 1			•		
unsure for what purpose. Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnoses), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. will be accomplished for those residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 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? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.			*			1	->	
Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. residents found to have been affected by the deficient practice? Resident 134's diagnosis for medication was corrected. 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? All residents have the potential to be affected by this alleged deficient practice. All residents found to have been affected by the deficient practice? Chow other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.						•	•	
Resident 134's record review began on 12/12/22 at 2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's diagnosis for medication was corrected. - Resident 134's diagnosis for medication was corrected. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? - All residents have the potential to be affected by this alleged deficient practice. - All residents have the potential to be affected by this alleged deficient practice. - 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		unsure for what pur	pose.			•		
2:18PM, indicated Resident 134 had the following diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Practice? Resident 134's diagnosis for medication was corrected. 2. How other residents have the patential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		Resident 13/1's reco	rd review began on 12/12/22 at				11	
diagnoses: displaced fracture of right clavicle, pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's diagnosis for medication was corrected. 2. How other residents have the pafected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.			· ·			-		
pneumonia, chronic lung disease, recurrent and persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. P. Resident 134's diagnosis for medication was corrected. 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? - All residents have the potential to be affected by this alleged deficient practice. - 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.						practice:		
persistent hematuria, hyperglycemia, A fib, acute and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. medication was corrected. 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? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was corrected. **All residents have the potential to be affected by this alleged deficient practice. 100 % audit was corrected.		-	_			Resident 134's diagnosis	s for	
and chronic respiratory failure, major depressive disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. All residents have the potential to be affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-	-			_	3 101	
disorder recurrent, anxiety disorder, coronary artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. 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? 4. All residents have the potential to be affected by this alleged deficient practice. 5. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-				modication was corrected.		
artery bypass, and burn of 2nd degree to thigh. Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? - All residents have the potential to be affected by this alleged deficient practice. - 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-				2. How other residents		
Resident 134's diagnoses list did not include a history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.			-			having the potential to be		
history of migraines or a seizure disorder. An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. practice will be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.							nt	
An admission MDS (minimum data set) assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Taken? All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		history of migraines	s or a seizure disorder.			<u> </u>		
assessment section I (active diagnosis), completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-				-		
completed on 12/1/22 indicated diagnoses were: fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. All residents have the potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		An admission MDS	(minimum data set)			taken?		
fracture, A fib, pneumonia, anxiety disorder, depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a potential to be affected by this alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.			· ·					
depression, chronic lung disease, respiratory failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a depression, chronic lung disease, respiratory alleged deficient practice. 100 % audit was completed on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-	_			· All residents have the		
failure, recurrent hematuria, hyperglycemia, burn, and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. Resident 134's current care plan did not indicate a induction indicate		-	-			1 -	3	
and atherosclerosis. The MDS did not indicate a diagnosis of seizure or migraine. on all active resident medications to ensure the appropriate diagnoses were in place for each medication.		-						
diagnosis of seizure or migraine. to ensure the appropriate diagnoses were in place for each Resident 134's current care plan did not indicate a to ensure the appropriate medication.		· ·				-		
Resident 134's current care plan did not indicate a diagnoses were in place for each medication.							ons	
Resident 134's current care plan did not indicate a medication.		diagnosis of seizure	or migraine.					
		D 11 . 42.0				1	ach	
problem area of seizures or migraines.						medication.		
3. What measures will be put		problem area of seiz	zures or migraines.			3 What measures will be	nut	
Resident 134 had an order for Topiramate Tab in place or what systemic		Resident 134 had a	order for Toniramate Tab				yu.	
200mg to be given by mouth twice a day for changes will be made to			-					
seizures started on 11/23/22. Resident 134's ensure that the deficient			-			_		
medication administration record (MAR) dated practice does not occur?								

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

PRINTED: 01/03/2023 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155473	 JILDING	ONSTRUCTION 00	(X3) DATE COMPL 12/15/	ETED
	PROVIDER OR SUPPLIER		1065 P	ADDRESS, CITY, STATE, ZIP COD ARKWAY ST E, IN 46711		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF December 2022 ind documented as give 1st through December 1st th	2/13/22 at 8:29AM, the DON	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) All licensed clinical staff be in-serviced on: "Physician Services/Orders"	will	(X5) COMPLETION DATE
	migraines. The DOI entered incorrectly for admissions a nu and a second nurse physician orders we there was no diagnor plan for migraines i On 12/13/22 at 2:40 was reviewed. A po Services/Orders" ef by DON 12/13/22 a physician will performance in the property of the pro	N indicated the diagnosis was in system. The DON indicated rse was to put the orders in then was to verify the ere correct. The DON indicated osis of migraine or treatment in Resident 134's record. OPM the current facility policy olicy titled, "Physician rective 09/30/2022, provided at 2:30PM, indicated3. The form pertinent, timely medical ibe an appropriate medical		4.How the corrective action be monitored to ensure the deficient practice will not recise., what quality assurance program will be put into place. DNS/Designee will comprandom audits on 3 residents new medication orders three to a week x4 weeks, then twice week x8 weeks, then weekly months to ensure active medications have appropriate diagnoses for each medication. The results of these audits will reviewed by the QAPI commit overseen by the Executive Differ no less than six months. The results will be reviewed for patterns, trends and continuer recommendations for process monitoring and improvement 100% compliance is achieved. 5 Date of completion: 12/29/2022	cur ce? blete with cimes a k3 n. Il be ctee rector he	
F 0761 SS=D Bldg. 00	Drugs and biologic must be labeled in accepted professi the appropriate ac					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YOB311 Facility ID: 000546

If continuation sheet

Page 10 of 13

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155473	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 12/15/2022
	PROVIDER OR SUPPLIEI		1065 P	ADDRESS, CITY, STATE, ZIP COD PARKWAY ST E, IN 46711	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	§483.45(h)(1) In a Federal laws, the and biologicals in under proper tempermit only authoraccess to the key §483.45(h)(2) The separately locked compartments for listed in Schedule Drug Abuse Preved 1976 and other directly and the quantity stored dose can be read Based on observative the facility of dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include: During an observativity dated when opened medication storage Resident 12, and Refindings include:	e facility must provide premanently affixed storage of controlled drugs II of the Comprehensive ention and Control Act of rugs subject to abuse, acility uses single unit ribution systems in which d is minimal and a missing ribution systems in which d is minimal and a missing ribution systems in which d is minimal and a missing ribution systems in which d is minimal and a missing ribution systems in which d is minimal and a missing ribution systems in which d is minimal and a missing ribution systems in which and the carts observed. Resident 14, resident 1).	F 0761	F761 – Label/Store Drugs and Biologicals SS=D "The facility failed to ensure insulin was dated when opened 3 residents, in 1 of 2 medicatic storage carts observed. (Resident 14, Resident 12, and Resident 1. What corrective action(will be accomplished for tho residents found to have been affected by the deficient practice? Resident 14, 12 and 11's insulins were discarded and no vials opened and dated. How other residents	ed for ion ident it 1)." s) ise n

In an interview, on 12/13/22 at 9:06AM the DON

having the potential to be

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
		155473	B. W	ING _		12/15/2022	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	t			ARKWAY ST		
FNVIVE	OF BERNE				E, IN 46711		
	<u> </u>				.,		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)	DATE	
		ations should be labeled with a			affected by the same deficie	I	
	pnarmacy label and	should have an open date.			practice will be identified and		
	1) Dagidant 141-	roord ravious bacon an			what corrective action will be	e	
		record review began on M. The record indicated			taken?		
		type 2 diabetes mellitus with			. All residents on inquity by	01/0	
	diabetic neuropathy				All residents on insulin hat the potential to be affected by		
	diabetic neuropatily				alleged deficient practice.	uno	
	Resident 14 had a n	hysician's order for Lantus			All medication carts were	_	
		en injector, (an insulin) give 55			inspected to ensure all opener		
	_	the 400 hall med cart Resident			insulins were dated. All opene	•	
	_	s observed with approximately			insulins are dated.		
	_	and no open date was found.					
					3. What measures will be j	out	
	Resident 14's medic	eation administration record			in place or what systemic		
	dated December 20	22 indicated documentation			changes will be made to		
	insulin utilizing the	pen was given twice a day			ensure that the deficient		
	from December 1st	through December 12th.			practice does not occur?		
		record review began on			· All licensed clinical staff		
		M. The record indicated			be in serviced on the following		
		type 2 diabetes without			o "Medication Receipt, Label	ling	
	complications.				and Destruction Policy and		
					Procedure"		
		ysician orders for Insulin]		
		njection 20units daily and			4. How the corrective action		
	Insulin Lispro solut	ion per sliding scale.			will be monitored to ensure t		
	In the 400 1-11 -	Davidant 12's David-1 iniii			deficient practice will not red	cur	
		Resident 12's Degludec insulin vithout an open date and with			i.e., what quality assurance	2	
	•	nits remaining. Resident 12's			program will be put into place	se r	
		observed in cart without an			. DNS/Docianos will		
	open date.	ooserved in eart without an			DNS/Designee will inspect/audit two medication of the control	parte	
	open date.				twice weekly x3 months then		
	Resident 12's medic	cation administration record for			weekly x3months to ensure al	I	
	Resident 12's medication administration record for December 2022 indicated documentation insulin				opened insulins are dated.	'	
	Lispro was administered:				The results of these audits wil	l he	
	December 1st at 8:0				reviewed by the QAPI commit		
	December 3 at 11:3				overseen by the Executive Dir		
		0AM, 4:30PM, and 8PM			for no less than six months. The		

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

PRINTED: 01/03/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	00	OO COMPLETED	
		155473	B. WING	12/15/2022		
NAME OF F	PROVIDER OR SUPPLIER	8		STREET ADDRESS, CITY, STATE, ZIP COD		
			1065 PARKWAY ST			
ENVIVE OF BERNE			BERNE, IN 46711			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETIC DATE		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TAG			
	December 5 at 4:30PM			results will be reviewed for		
	December 6 at 8PM	I		patterns, trends and continued		
	December 7 at 4:30	PM and 8PM		recommendations for process		
December 8 at 4:30				monitoring and improvement until		
	December 9 at 4:30	PM		100% compliance is achieved.		
	December 10 at 11:30AM					
	December 12 at 4:30PM and 8PM			5. Date of completion:		
				12/29/2022		
	Resident 12's medication administration record for					
	December 2022, indicated documentation of					
	administration of Degludec 20units daily in am for					
	December 1st-14th.					
	3) Resident 1's record review began on 12/13/22 at					
	9:30AM. The record indicated diagnoses include					
	type 2 diabetes mellitus without complications.					
	Resident 1 had a ph	ysician's order for Insulin				
Lispro per sliding so		cale.				
		cart Resident 1's insulin was				
	observed without ar	n no open date.				
	Resident 1's medication administration record for					
		icated documentation Resident				
_		Lispro at 8PM on December 1,				
	3, 4, 5, 6, 8, 9, 10, 11, and 12th.					
	On 12/15/22 at 11:16AM the current facility policy					
	was reviewed. A policy titled, "Medication					
	Receipt, Labeling, and Destruction Policy and					
		e 8/29/2022, provided by the				
	~	nstultant on 12/15/22 at				
		1"3. Items such as insulin,				
	eye drops,, etc, will	be dated when opened"				
	3.1-25(k)(6)					

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YOB311 Facility ID: 000546 If continuation sheet Page 13 of 13