

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

PRINTED: 04/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/05/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVIVE OF BERNE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1065 PARKWAY ST</b> <b>BERNE, IN 46711</b>		
(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}	<p>Initial Comments</p> <p>Paper compliance to the Post Survey Revisit (PSR) that exited on 03/22/23 for the Emergency Preparedness Survey that exited on 01/09/23 was completed on 04/05/23.</p> <p>Review Date: 04/05/23</p> <p>Facility Number: 000546 Provider Number: 155473 AIM Number: 100267370</p> <p>Envive of Berne was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.73, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.</p>	{E 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.