

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Envive of Lawrenceburg                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>403 Bielby Rd<br>Lawrenceburg, IN 47025 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50498</p> <p>Based on observation and interview, the facility failed to store food appropriately for 1 of 2 kitchen observations.</p> <p>Findings include:</p> <p>During an observation on 10/02/24 at 9:40 A.M., of the facilities kitchen refrigerators and dry storage the following was observed:</p> <ul style="list-style-type: none"><li>- an undated, sealed gallon sized bag half full of cooked ham,</li><li>- an undated, sealed gallon sized bag half full of cooked taco meat,</li><li>- a square lidded container, approximately quart sized, filled with country gravy with a prepared date of 09/27/24, and a discard date of 08/01/24,</li><li>- an undated resident's left over pizza box with pizza inside,</li><li>- a gallon of mustard opened, 3/4 full, with a manufacturer best if used by date of 02/10/24,</li><li>- two gallons of milk, one unopened and one 3/4 full, with a manufacturer best if used by date of 10/01/24.</li><li>- an unopened dented gallon can of mandarin oranges was on the front of the dry food storage shelf.</li></ul> <p>During an interview with [NAME] 2 on 10/02/24 at 9:55 A.M., she indicated that the kitchen serves 34 to 36 residents. All the food items that were undated or outdated would be thrown away.</p> <p>During an interview with [NAME] 2 on 10/02/24 at 1:31 P.M., she indicated that the refrigerators should be checked daily. Cooked foods are only good for three days stored in the refrigerator, and they were supposed to date them as soon as they put them in the refrigerator. The pizza box found in the fridge earlier that morning was a resident's. All resident food that was left over should not be put in the kitchen fridge. She was unsure which resident's pizza it was.</p> <p>(continued on next page)</p> |                                                                                      |                                                 |

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.

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

TITLE

(X6) DATE

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| F 0812<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>During an interview with Resident B on 10/02/24 at 10:58 A.M., they indicated that they had been served spoiled meat, sour broccoli, spoiled milk and juices before.</p> <p>A current facility policy titled Kitchen Operations: Food storage, was provided by the DON (Director of Nursing) on 10/02/24 at 1:25 P.M., with a revision date of January of 2023, stated .severely dented cans . should be exposed of promptly .Leftover prepared foods .must clearly be labeled with the name of the product, the date it was prepared, and marked to indicate the date by which the food shall be consumed or discarded. Leftover foods can be held at 41 degrees Fahrenheit or less for no more than three days .each nursing unit with a refrigerator used to store food/beverage items for resident consumption .</p> <p>This citation relates to Complaint IN00442330.</p> <p>3.1-21(i)(1) and (3)</p> |                                                                                      |                                                 |