

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Envive of Lawrenceburg		STREET ADDRESS, CITY, STATE, ZIP CODE  403 Bielby Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain a functional, sanitary and comfortable homelike environment related to dripping and pooling water. This deficient practice had the potential to affect 49 of 49 residents residing in the facility.</p> <p>Findings include:</p> <p>The first-floor dining room was observed on 06/19/25 at 8:32 A.M. The door was left open to the first-floor main hallway. The exterior wall had a large window, with a heating and air conditioning unit below the window in the center of the wall. Above the window unit on the ceiling, an area, approximately four feet long and three feet wide, was covered with a black spotted substance with brown staining all around the center, and visible moisture. A brown liquid substance dripped in three separate spots on the floor leaving half dollar sized brown stains on the floor. The stained ceiling was concaved outward, bowing down towards the floor.</p> <p>During an interview, on 06/19/25 at 11:03 A.M., Qualified Medication Aide (QMA) 1 indicated she had noticed the spot on the ceiling in April or May but didn't go in the dining room very often. The Maintenance Director had been in there multiple times, but she was unaware of what he was doing.</p> <p>During an interview, on 06/19/25 at 10:48 A.M., the Maintenance Director indicated he had found out about the leak the day before and he needed to take the heating and air conditioning unit out of the second-floor dining room. The unit on the second floor was not draining properly causing it to leak. He had replaced the unit in April of 2025.</p> <p>During an observation, on 06/19/25 at 11:08 A.M., the second-floor dining room had the door closed. Upon entrance the exterior wall had a large window with a heating and air conditioning unit below the window in the center of the wall. The cover was pulled off the unit and sitting to the left side. The unit was plugged into the wall and running at 72 degrees. There was a pool of water in front of it covering approximately 3 square floor tiles.</p> <p>During an observation in the first-floor dining room, on 06/19/25 at 1:19 P.M., a constant drip, with approximately a two second spacing, was coming from above the top of the windowsill near the ceiling. Water was pooling on the eight inch deep window sill, approximately one foot wide, and dripping into the air conditioning unit underneath the sill. Water was splattered on the floor in front of the air conditioning unit covering an area approximately one to two feet in front of the unit.</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview, on 06/19/25 at 1:35 P.M., in the activities room in the basement directly below the first-floor dining room. The exterior wall had a large window, with a heating and air conditioning unit below the window in the center of the wall. Above the window there was approximately a three foot long by one foot wide area on the ceiling that was concaved outward towards the floor leaving a small opening towards the window. A small amount of water was noted underneath the area on the windowsill. The Maintenance Director indicated the area was fixed two weeks ago and was from the unit on the first-floor leaking. The Social Services director indicated they usually had 12-15 residents in the room for activities, and at times, 50 people for events.</p> <p>During an interview, on 06/19/25 at 1:14 P.M., QMA 2 indicated there were currently nine residents living on the first floor. Six of them were independently mobile. Others walked the hallways regularly with therapy.</p> <p>The current facility policy, dated August of 2024, titled Homelike Environment, was provided by the Administrator on 06/19/25 at 1:00 P.M. The policy indicated, .Residents are provided with a safe, clean, comfortable and homelike environment .These characteristics include: clean, sanitary, and orderly environment .</p> <p>3.1-19(f)(5)</p>		