

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Envive of Indianapolis		STREET ADDRESS, CITY, STATE, ZIP CODE 45 Beachway Dr Indianapolis, IN 46224	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46414</p> <p>Based on observation, record review, and interviews, the facility failed to protect a resident's right to smoke cigarettes which had the potential to affect 1 of 4 residents reviewed for smoking (Resident B).</p> <p>Findings include:</p> <p>On 3/13/24 at 11:30 a.m., Resident B was observed sitting in his wheelchair in the lounge with his phone in his hand. He indicated he was getting ready to call the state because he was upset over not being able to smoke cigarettes. He indicated one time he was out front, smoking with a friend and he was told to come back inside. Resident indicated he wanted to smoke.</p> <p>A record review was completed for Resident B on 3/13/24 at 12:00 p.m. He had the following diagnoses, which included but were not limited to, cerebral palsy (a group of conditions that affect movement and posture caused by damage that occurs to the developing brain, most often before birth), paraplegia (paralysis of legs but not arms), obstructive sleep apnea (OSA), gastro-esophageal reflux disease (GERD), nicotine dependence, hyperlipidemia (HLD), peripheral vascular disease (PVD), type 2 diabetes mellitus, and osteoarthritis (OA).</p> <p>Resident B had a care plan dated 8/11/22. It indicated, I desire to use tobacco products: nicotine dependence .Current smoking privileges had been suspended at this time due to unsafe smoking. Interventions included informing the resident and his visitors of the smoking policy as needed, immediately inform management of smoking, offer a stop smoking aid as appropriate, provide resident/resident representative with smoking policy, and storage of smoking material per living center policy.</p> <p>On 3/13/24 at 12:05 p.m., the [NAME] President of Clinical Services (VPCS) indicated Resident B was assessed by the inter-disciplinary team (IDT) and decided he was no longer safe to smoke.</p> <p>On 3/13/24 at 3:03 p.m., the VPCS provided a copy of the IDT note, dated 8/11/22 at 10:21 a.m. It indicated Social Worker (SS) was notified by the Activity Director of Resident B becoming lethargic and nodding off during a smoke break. IDT discussed safety concerns regarding smoking. IDT discussed Resident B was unsafe to smoke at current time. Resident B was educated on risks of smoking while nodding off, discussed safety concerns, discussed it was no longer safe to smoke. Discussed smoking privileges had been suspended. Resident B became upset but expressed understanding of no longer being able to smoke. Resident B was offered a smoking patch or gum. Resident B requested gum.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/13/24 at 3:05 p.m., Resident B indicated he never was given any gum to help him quit smoking.</p> <p>On 3/14/24 at 9:40 a.m., the VPCS indicated he could not find where an order was put in to provide Resident B with a stop smoking aid, such as gum. He indicated a new smoking assessment was completed for Resident B and his care plan was updated allowing him to smoke. New interventions were to provide supervision with smoking and a smoking apron.</p> <p>On 3/14/24 at 11:30 a.m. Resident B indicated he was happy and smoked a cigarette yesterday evening.</p> <p>A policy titled; Resident Rights revised 2/11 was provided by the VPCS on 3/14/24 at 12:00 p.m. It indicated, . Residents will be supported by the facility in exercising his or her rights .</p> <p>A policy titled; Smoking Policy revised 8/22 was provided by the VPCS on 3/14/24 at 12:00 p.m. It indicated, . The facility must establish an area designated for residents to smoke .</p> <p>This citation relates to Complaint IN00429920.</p> <p>3.1-3(a)</p>		