

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  10/29/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>34129</p> <p>Based on interview, observation, and record review, the facility failed to ensure call light devices with a pull cord were installed in the residents' bathrooms for 7 of 60 of the residents' bathrooms without a call light device and 9 of 60 residents' bathrooms without a pull cord on the bathroom call light devices reviewed.</p> <p>Findings include:</p> <p>On 10/29/24 at 10:48 a.m., Resident B indicated there was not a pull cord on his bathroom call light in the bathroom. If he fell while in the bathroom, he would not be able to reach the bathroom call light to call for staff assistance. The bathroom call light was observed without a pull cord.</p> <p>On 10/29/24 at 11:11 a.m., Resident C was observed in her room and indicated her bathroom did not have a call light device to call for staff, if needed. Resident C's bathroom was observed without a call light device.</p> <p>During an environmental tour with the Executive Director (ED) and Maintenance Director, on 10/29/24 at 1:45 p.m., the ED indicated all the residents' bathrooms should have a call light switch and a pull cord for the residents to call for staff assistance. The ED and Maintenance Director observed the following residents' bathrooms without a call light device in the bathrooms: A2, C1, C2, C3/C5 shared bathroom, C4/C6 shared bathroom, C8/C10 shared bathroom, and C7/C9 shared bathroom. The ED observed the following bathrooms with call light devices, but no pull cords on the device in the residents' bathrooms: A3, A10, A19/A21 shared bathroom, B7/B9 shared bathroom, B8/B10 shared bathroom, B14/B16 shared bathroom, C12/C14 shared bathroom, D17/D19 shared bathroom, D18/D20 shared bathroom.</p> <p>On 10/29/24 at 3:10 p.m., the ED indicated the facility was being renovated, including the residents' bathrooms. The facility staff were assigned residents' rooms and bathrooms to review weekly, but no one had mentioned the bathrooms call lights and pull cords were not installed in the bathrooms. All the residents' bathrooms should have a bathroom call light with a pull cord.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The ED provided and identified a document as a current facility policy, on 10/29/24 at 12:00 p.m., titled Envive Healthcare Policies and Procedures Manual, dated 8/2024. The policy indicated, .Scope: Applies to all buildings .Subject: Answering the Call Light .Purpose: The purpose of this procedure is to ensure timely responses to the resident's requests and needs .General Guidelines .1. Upon admission and periodically as needed, explain and demonstrate use of the call light to the resident .2. Ask the resident to return the demonstration .3. Explain to the resident that a call system is also located in his/her bathroom .4. Be sure that the call light is plugged in and functioning at all times .5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor .6. Report all defective call lights to the nurse supervisor promptly</p> <p>This citation relates to Complaint IN00444564.</p> <p>3.1-9(a)</p> <p>3.1-19(f)</p>		