

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 06/03/2025
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain timely treatment and assessments of a full thickness burn to a resident's left foot resulting in actual harm when the resident required hospitalization and surgical interventions at an acute care hospital for 1 of 4 reviewed for timely care and treatment (Resident B).</p> <p>Findings include:</p> <p>During an interview on 6/2/25 at 12:07 p.m., Resident B indicated on 5/19/25 his left foot was burned when the nurse was providing wound care. He indicated the nurse brought over a basin of water for him to soak his foot in prior to applying a treatment to the sore on the bottom of his left foot. When he put his foot into the water, he felt like it was too hot and pulled his foot out. The nurse told him she had felt the water, and it was not too hot, but to hold on and she would go get some supplies. She had been out of the room for a couple of minutes when she passed by his door and told him to go ahead and try again. She had not checked the water temperature. When he returned his foot into the water, it felt hot but tolerable. When she returned about five minutes later, she was surprised to see a blister on the top of his foot. His feet were numb a lot because of his diabetes, and he had not realized the water was still hot.</p> <p>Cross reference F689.</p> <p>A review of Resident B's clinical record was completed on 6/2/25 at 10:53 a.m. Diagnoses included burn of unspecified degree of left foot, diabetes mellitus type II, and degenerative disease of the nervous system.</p> <p>A nurse practitioner progress note completed by Nurse Practitioner (NP) 2, dated 5/19/25 at 3:30 p.m. and created on 5/24/25 at 8:18 p.m., included Resident B was seen at the request of nursing for a blister to his left foot. The resident was found seated with both feet resting on a towel and a wash basin visibly placed in front of the patient. Nursing indicated that foot washing was initiated as a preparatory measure before the administration of previous treatment for an unrelated skin condition. Nurse reports that she facilitated foot washing by preparing water and directing the patient to immerse his feet. Subsequently, the patient raised concerns regarding the water temperature. Nurse reports, 'the water temperature was found to be within an acceptable range.' Following this, the nurse advised the patient to 'hold on' while she retrieved treatment supplies. Nurse reports, upon her return to the room, the patient presented with a fluid-filled blister on the top of left foot, after removing his foot from the water. Notable clinical findings included the presence of loose skin and mild erythema on the affected foot.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Weekly Skin Assessment, dated 5/19/25 at 6:58 p.m., indicated the resident had a new impairment of skin integrity. The description indicated a fluid filled blister to the top of the left foot. Wound interventions indicated the NP/physician was notified, a treatment as ordered, and monitor for signs or symptoms of infection.</p> <p>A current physician's order, dated 5/19/25 at 7:00 p.m., indicated to cleanse left foot with sterile water, pat dry, and apply a non-adherent dressing. Staff were to wrap foot with gauze and secure with tape. Treatment was to be completed every day and night shift.</p> <p>A Weekly Skin Assessment, dated 5/20/25 at 6:01 a.m., indicated the resident had a new impairment of skin integrity. The description indicated left toes. Wound interventions indicated the NP/physician was notified and treatment as ordered.</p> <p>The clinical record lacked documentation regarding an assessment and description of the resident's burn wound on 5/20/25.</p> <p>A nursing progress note by LPN 7, dated 5/21/25 at 5:06 p.m., indicated the dressing to Resident B's left foot was hard to get off and had blisters noted to top of all five toes, sloughing, copious amount of serous drainage, skin peeling, and very painful to touch. The wound NP was notified, and treatment was completed as ordered.</p> <p>A NP progress note completed by NP 2, dated 5/21/25 at 7:46 p.m. and created on 5/25/25 at 9:15 p.m., included Resident B was seen at the request of nursing for pain to his left foot. The patient seen for a follow-up visit concerning their left foot pain, which presented with new symptoms during recent care. The patient has a significant history of diabetes and frequent cellulitis episodes, necessitating careful management of skin integrity and related complications. The patient reports new onset pain in the affected area (Left foot). The patient describes the pain as moderate but constant, located specifically to the left foot where he has a previous blister .The treatment plan includes continued monitoring and education, with an emphasis on prompt notification of any acute changes, underscoring the need for vigilance given the patient's predisposition to complications due to his underlying conditions. Nursing staff have been briefed on these updates and are prepared to report any further developments promptly .Derm: Dressing intact to left foot</p> <p>A nursing progress note completed by RN 3, dated 5/21/25 at 10:03 p.m., indicated the resident had complained of excruciating pain to his left foot. The resident indicated his foot was submerged in hot water prior to the scheduled treatment on 5/19/25. RN 3 had changed the dressing and indicated the foot appears to be a 3rd degree burn, yellow slough, red, draining & toes matted. RN 3 contacted 911 and the resident was taken to an acute care burn unit for further evaluation and treatment.</p> <p>A Clinically at Risk report, dated 5/23/25 at 12:51 p.m., indicated the reason for review was for a chronic wound. Team members in attendance were listed as the DON and registered dietician. The comment included that the resident had been admitted to the hospital on [DATE] for a diabetic foot ulcer. Under the Skin/Wounds section of the report, concerns were listed regarding left foot plantar, diabetic foot ulcer. Cleanse with wound cleanser, apply hydrogel and bordered gauze. The report indicated the care plan had been updated and was signed on 5/25/25. The report lacked indication of the resident sustaining and being hospitalized due to a burn sustained during care at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/25 at 11:46 a.m., LPN 4 indicated she was preparing to complete Resident B's wound care orders, and she wanted to complete foot care prior to his left foot treatment. As she was running the water into the basin for the resident to soak his foot, she ran her hand under the running water and felt it was warm and finished filling the basin. She had not checked the temperature of the water in the basin after it was filled. She instructed the resident to put his left foot in the water. Resident B placed his foot in the water and indicated the water was hot and removed his foot. She indicated to him that she had just checked the water and told him to hang on and she would go get his wound care supplies. She was gone for about five minutes and when she returned to his room his foot was in the basin. She noticed his skin had developed a small lemon sized blister on the top of his foot. She had not intended for the resident to put his foot in the basin when she left the room. He indicated to her his foot hurt and she administered an as needed dose of pain medication. She requested another staff member inform NP 2, and she called the unit's manager who both came to the resident's room. She had not documented in a progress note, as the NP was going to document.</p> <p>During an interview on 6/2/25 at 12:40 p.m., NP 2 indicated she had been called to Resident B's room. She had not noticed a blister, but the resident's left foot was sorta red with a small open area. She had visualized the resident's foot following the incident, but had not had staff remove the resident's dressing during her follow-up visits. She had not examined the wound during her 5/21/25 visit with the resident for increased pain. The physician was completing rounds the following day (5/22/25), and she wanted the physician to look at the left foot at that time.</p> <p>During a telephone interview on 6/2/25 at 2:41 p.m., RN 3 indicated Resident B had been in so much pain and his wound looked bad. He had not been in a lot of pain the night before. When she had completed his wound treatment on 5/21/25, she had been unaware the resident had sustained a burn to his left foot. She had prepared to complete his treatment for his diabetic ulcer to the bottom of his left foot. The resident had a hard time tolerating the treatment. She had called the DON and received approval to send him to the emergency room for treatment.</p> <p>A Burn Service Team History and Physical Note, dated 5/22/25, from the acute care provider, indicated the resident had presented with scald burns to his left foot, sustained three days ago. The Assessment/Plan indicated the patient had a three day old full thickness scald burn to the left foot.</p> <p>An Inpatient Discharge summary, dated [DATE], from the acute care provider, indicated the resident had two surgical procedures on 5/22/25 and 5/27/25 for debridement of left foot and skin graft application.</p> <p>A current facility policy, dated 8/2024, titled, Change in a Resident's Condition or Status, provided by the Corporate Nurse on 6/3/25 at 12:06 p.m., included the following: .Policy Interpretation and Implementation .8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status</p> <p>This citation relates to Complaint IN00460578.</p> <p>3.1-37(a)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident during care resulting in actual harm when the resident sustained a full thickness burn to his left foot requiring surgical interventions for 1 of 4 reviewed for accidents (Resident B). The deficient practice was corrected on 5/23/25, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>A review of Resident B's clinical record was completed on 6/2/25 at 10:53 a.m. Diagnoses included burn of unspecified degree of left foot, diabetes mellitus type II, and degenerative disease of the nervous system.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 4/11/25, indicated the resident was cognitively intact, used a wheelchair for mobility, required partial to moderate assistance of staff to put on and remove footwear, complete lower body dressing, transfer from chair to bed, and had a diabetic foot ulcer and received dressings to his feet.</p> <p>A health care plan, initiated 2/4/25, indicated Resident B had diabetes mellitus with neuropathy. Interventions included to avoid exposure to extreme heat or cold.</p> <p>A nurse practitioner progress note completed by Nurse Practitioner (NP) 2, dated 5/19/25 at 3:30 p.m., included Resident B was seen at the request of nursing for a blister to his left foot. The resident was found seated with both feet resting on a towel and a wash basin visibly placed in front of the patient. Nursing indicated that foot washing was initiated as a preparatory measure before the administration of previous treatment for an unrelated skin condition. Nurse reports that she facilitated foot washing by preparing water and directing the patient to immerse his feet. Subsequently, the patient raised concerns regarding the water temperature. Nurse reports, the water temperature was found to be within an acceptable range. Following this, the nurse advised the patient to 'hold on' while she retrieved treatment supplies. Nurse reports, upon her return to the room, the patient presented with a fluid-filled blister on the top of left foot, after removing his foot from the water. Notable clinical findings included the presence of loose skin and mild erythema on the affected foot</p> <p>A nursing progress note by LPN 7, dated 5/21/25 at 5:06 p.m., indicated the dressing to Resident B's left foot was hard to get off and had blisters noted to top of all five toes, sloughing, copious amount of serous drainage, skin peeling, and very painful to touch. The wound NP was notified, and treatment was completed as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A NP progress note completed by NP 2, dated 5/21/25 at 7:46 p.m., included Resident B was seen at the request of nursing for pain to his left foot. The patient seen for a follow-up visit concerning their left foot pain, which presented with new symptoms during recent care. The patient has a significant history of diabetes and frequent cellulitis episodes, necessitating careful management of skin integrity and related complications. The patient reports new onset pain in the affected area (Left foot). The patient describes the pain as moderate but constant, located specifically to the left foot where he has a previous blister. The treatment plan includes continued monitoring and education, with an emphasis on prompt notification of any acute changes, underscoring the need for vigilance given the patient's predisposition to complications due to his underlying conditions. Nursing staff have been briefed on these updates and are prepared to report any further developments promptly. Derm: Dressing intact to left foot</p> <p>A nursing progress note completed by RN 3, dated 5/21/25 at 10:03 p.m., indicated the resident had complained of excruciating pain to his left foot. The resident indicated his foot was submerged in hot water prior to the scheduled treatment on 5/19/25. RN 3 had changed the dressing and indicated the foot appears to be a 3rd degree burn, yellow slough, red, draining & toes matted. RN 3 contacted 911 and the resident was taken to an acute care burn unit for further evaluation and treatment.</p> <p>During an interview on 6/2/25 at 11:33 a.m., the DON indicated there was no order as part of Resident B's wound care to soak his foot. LPN 4 wanted to make sure the area was clean prior to completing the ordered treatment to the diabetic ulcer on the bottom of his left foot. She should not have soaked his foot as this was not part of his wound care treatment orders.</p> <p>During an interview on 6/2/25 at 11:46 a.m., LPN 4 indicated she was preparing to complete Resident B's wound care orders, and she wanted to complete foot care prior to his left foot treatment. As she was running the water into the basin for the resident to soak his foot, she ran her hand under the running water, and it felt warm. She finished filling the basin. She had not checked the temperature of the water in the basin after it was filled. She instructed the resident to put his left foot in the water. Resident B placed his foot in the water and indicated the water was hot and removed his foot. She indicated to him that she had just checked the water and told him to hang on and she would go get his wound care supplies. She was gone for about five minutes and when she returned to his room his foot was in the basin. She noticed his skin had developed a small lemon sized blister on the top of his foot. She had not intended for the resident to put his foot in the basin when she left the room. He indicated to her his foot hurt and she administered an as needed dose of pain medication. She informed NP2 and the unit manager and both came to the resident's room.</p> <p>During an interview on 6/2/25 at 12:07 p.m., Resident B indicated his left foot was burned when LPN 4 was providing wound care. He indicated the nurse brought over a basin of water for him to soak his foot in prior to applying a treatment to the sore on the bottom of his left foot. When he put his foot into the water, he felt like it was too hot, and he pulled his foot out. The nurse told him she had felt the water, and it was not too hot, but to hold on and she would go get some supplies. She had been out of the room for a couple of minutes when she passed by his door and told him to go ahead and try again. She had not checked the water temperature. He put his foot into the water, it felt hot but tolerable. When she returned about five minutes later, she was surprised to see a blister on the top of his foot. His feet were numb a lot because of his diabetes, and he had not realized the water was still hot.</p> <p>(continued on next page)</p>		

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