

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Envive of Sullivan		STREET ADDRESS, CITY, STATE, ZIP CODE 325 W Northwood Dr Sullivan, IN 47882	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure the dish machine temperatures were monitored to be at appropriate temperatures for 1 of 3 kitchen observations. This had the potential to affect 34 of 35 residents who were served meals out of the kitchen. Findings include: During the initial kitchen tour, on 5/17/26 at 9:09 a.m., the chemical dish machine was observed. A placard on the top of the dish machine indicated the minimal wash temperature was to be 140 degrees Fahrenheit (F) and 140 degrees F for the rinse temperature. Three run attempts were completed before the machine reached the minimal wash and rinse temperatures. Observation of the dish machine temperature log sheets, dated May 2026, lacked documentation of the temperatures being monitored after the breakfast meal on 5/12/26. At the same time, the log indicated temperature readings below the required 140 degrees F on the following dates: a. 5/5/26: The breakfast meal temperature indicated 125 degrees F. b. 5/6/26: The breakfast meal temperature indicated 125 degrees F. c. 5/7/26: The dinner meal temperature indicated 130 degrees F. d. 5/8/26: The dinner meal temperature indicated 135 degrees F. During an interview, on 5/17/26 at 9:20 a.m., [NAME] 3 indicated he was new to the facility. He had not completed the temperature log since he had started. During an interview, on 5/17/26 at 9:38 a.m., the Administrator indicated she was surprised that the dish machine log had not been completed daily as required. They had been working hard on keeping everything in the kitchen up to date. On 5/18/26 at 1:17 p.m., the Administrator provided a document, dated 1/2023, titled, Recording Dish Machine Temperature/Sanitizer, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure: .2. The Dietary Manager will train the staff to monitor the dish machine temperatures throughout the dishwashing process. 3. Staff will be trained to record dish machine temperatures for the wash and rinse cycles. Temperatures will be monitored and recorded before running dishes for each meal period. Temperatures should be observed routinely anytime dish machine is in operation to ensure temperature adequacy. 4. The Dietary Manager will spot check these logs. 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3)		

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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