STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155480	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Brookville	11049 State Road 101 Brookville, IN 47012

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview and record review, the facility failed to routinely document physician-ordered daily weights for 1 of 3 residents reviewed for following physician care orders. (Resident B) Findings include: The clinical record of Resident B was reviewed on 6-30-26 at 11:10 a.m. His diagnoses included, but were not limited to congestive heart failure (CHF), diabetes, chronic pulmonary (lung) disease (COPD) and morbid obesity (very overweight). His most recent Minimum Data Set (MDS) assessment, dated 4-8-26, indicated he was cognitively intact and was non-ambulatory, required the use of a wheelchair for mobility. Resident B's current order summary, dated 6-30-26, indicated an order was placed on 3-30-26 to obtain daily weights. The order for the daily weights failed to have parameters to notify the physician for weight gain or loss within a defined time period. Weights for Resident B were documented in the clinical record on 3-18-26, 3-30-26, 3-31-26 and 6-3-26. The majority of the dates in which weights were not obtained failed to have any documentation reflective of the resident's refusal to have his weight checked or the notification to the attending physician or nurse practitioner (NP) of the weight not being obtained or the resident's refusal to have the weight obtained. In an interview with Resident B on 6-30-26 at 11:05 a.m., he denied he he had ever had daily weights obtained at facility. In an interview with LPN 3 on 6-30-26 at 10:50 a.m., she indicated she was unaware of any current residents who were to have daily weights checked.In an interview on 6-30-26 at 10:55 a.m., with LPN 4 she indicated she was aware of one current resident, Resident B, who was to have daily weights conducted.In an interview with the Director of Nursing (DON) on 6-30-26 at 12:55 p.m., indicated she was familiar with Resident B. She was unsure if Resident B had refused daily weights the resident had a history of noncompliance with his care, specific to refusing to have daily weights obtained by the staff. She added his weights should be documented in his resident record to reflect at least his monthly weights. The doctor and nurse practitioners were aware of his non-compliance with the fluid restrictions, weights and medication or treatments.In an interview on 6-30-26 at 2:50 p.m., with RN 5, she indicated she was unaware of any residents who required daily weights.In an interview on 6-30-26 at 2:35 p.m., with the Registered Dietitian (RD), she indicated she was familiar with Resident B. She noted, I thought the order for the daily weights had been discontinued after he signed the waiver for the fluid restrictions. He tended to be non-compliant with many aspects of care. He did not follow the fluid restrictions. He would not allow the staff to get his weights and sometimes would refuse medications or other treatments. To the best of her knowledge, he was the only resident in a long time that has been on daily weights. Our new [resident] admissions would be followed for the first 4 weeks with weekly weights to trend how they were doing. Some of the residents with CHF may end up on daily weights, depending on the severity of their situation and to monitor them closely. Daily weights were not something I see ordered in this building very often.In an interview with the DON on 7-1-26 at 1:45 p.m., she clarified she had spoken with the nurse practitioner today about Resident B's daily weights and his continued refusals and his not following the fluid restriction guidelines. She specified the nurse practitioner wanted to continue with both orders and planed to continue to monitor those values and his labs, with a change to the daily weights to weekly weights every Monday morning, to notify the provider for a weight gain of five (5) pounds or more and to document all refusals in the progress notes.A review of Resident B's care (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	plans identified on 3-19-26, and revised on 5-5-26, non-compliance with various aspects of his medical care. Interventions recommended included, but were not limited to, educate resident/family/caregivers of the possible outcome(s) of not complying with treatment or care; encourage as much participation/interaction by the resident as possible during care activities; give clear explanation of all care activities prior to and as they occur during each contact.In an interview with the DON on 7-1-26 at 2:57 p.m., indicated the facility did not have a specific policy or procedure regarding implementation of physician orders. The facilities expectation would be that all physician orders were followed.On 7-1-26 at 2:13 p.m., the facility electronically provided a copy of a policy entitled, Weight Assessment and Intervention, with a revision date of 8/2024. This policy indicated, Resident weights were monitored for undesirable or unintended weight loss or gain .weights were recorded in each unit's weight record chart and in the individual's medical record .The physician and the multidisciplinary team identify conditions and medications that may be causing anorexia, weight loss or increasing risk of weight loss .Care planning for weight loss or impaired nutrition is a multidisciplinary effort and includes the physician, nursing staff, the dietitian, the consultant pharmacist, and the resident or resident's legal surrogate. Individualized care plans shall address, to the extent possible, the identified causes of weight loss, goals and benchmarks for improvement; and time frames and parameters for monitoring and reassessment.On 7-1-26 at 2:13 p.m., the facility electronically provided a copy of a policy entitled, Provider Notification Guidelines, with a revision date of 8-2022. This policy indicated, To ensure the resident's physician or practitioner (may include NP, PA or clinical nurse specialist) were aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care.This Federal tag relates to Intake 3044279.410 IAC (Indiana Administrative Code) 3.1-46(a)(1)