

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Envive of River City		STREET ADDRESS, CITY, STATE, ZIP CODE 909 North First Ave Evansville, IN 47710	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on observation, interview and record review, the facility failed to ensure physicians orders were followed for 1 of 3 residents reviewed for medication administration, and care plan interventions were not implemented for 2 of 3 residents reviewed for falls. Blood pressure parameter orders were not followed, fall interventions were not implemented. (Resident B, Resident D)</p> <p>Findings includes:</p> <p>1. On 12/3/24 at 12:57 p.m., Resident D's clinical record was reviewed. Resident D admitted to the facility on [DATE]. Diagnoses included, but were not limited to, essential hypertension, orthostatic hypotension, fracture of unspecified part of neck left femur. An admission MDS (Minimum Data Set) assessment dated [DATE], indicated cognition was intact, no mobility devices used, toileting set up or clean up, shower/bathe set up or clean up, mobility sit to stand independent, chair/bed to chair transfer, independent, tub/shower transfer independent, walk 10 feet once standing, independent.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I am at risk for falls/injury due to : disorder of brain, new environment, use of medication, date initiated 9/19/24. Interventions included, but were not limited to: non skid strips placed in all facility shower rooms, date initiated 9/30/24, created on 10/2/24</p> <p>I have hyperlipidemia and hypertension, date initiated 9/20/24. Interventions included, but were not limited to:</p> <p>Give medications as ordered. Monitor for side effects such as orthostatic hypotension and increased heart rate (tachycardia) and effectiveness, date initiated 9/20/24.</p> <p>Monitor/record use/side effects of medication. Report to MD as necessary, date initiated 9/20/24.</p> <p>Vital signs as ordered, date initiated 9/20/24.</p> <p>I have a history of hypotension r/t diabetes, date initiated 9/20/24. Interventions included, but were not limited to: give medications as ordered. Monitor for side effects and effectiveness, date initiated 9/20/24.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155520
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>September and October 2024 physician orders were reviewed and included but was not limited to:</p> <p>September 2024</p> <p>lisinopril oral tablet 5 mg (milligram) give 1 tablet by mouth one time a day for hypertension related to essential (primary) hypertension, hold if systolic b/p (blood pressure) less than 110, order date 9/24/24, start date 9/25/24.</p> <p>October 2024</p> <p>lisinopril oral tablet 5 mg (milligram) give 1 tablet by mouth one time a day for hypertension related to essential (primary) hypertension, hold if systolic b/p (blood pressure) less than 110, start date 9/25/24, discontinue date 10/23/24.</p> <p>The September and October EMAR (Electronic Medication Administration Record) was reviewed and contained the following:</p> <p>Blood pressure was not obtained on the following dates before giving the medication, the EMAR was signed as given.</p> <p>9/25</p> <p>9/26</p> <p>9/27</p> <p>10/4</p> <p>10/5</p> <p>10/6</p> <p>10/8</p> <p>The medication was signed as given when systolic B/P was less than 110 on the following dates:</p> <p>10/3 under vital signs tab B/P at 10:21 a.m., 94/56, B/P was not recorded on the EMAR</p> <p>10/15 = 100/63</p> <p>10/16 = 108/60</p> <p>10/21 = 93/57</p> <p>Progress notes were reviewed and included but were not limited to:</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9/27/24 at 8:20 p.m., fall risk evaluation note, late entry: fall risk score: The resident has had a fall. Fall assessment completed with new fall score. Fall Risk Score is : 2.0. Immediate Intervention : non slip strips put in shower room .</p> <p>A fall risk assessment with an effective date of 10/4/24 included but was not limited to:</p> <p>Treatment/Immediate Interventions Implemented:</p> <p>non slip strips put on shower floors</p> <p>An un-witnessed fall document with a date of 9/27/24 at 8:15 p.m., included but was not limited to:</p> <p>Immediate action taken: Description : resident sent to hospital via ambulance for eval and tx. non skid strips placed in all shower rooms .</p> <p>On 12/4/24 at 9:05 a.m., no non slip strips were observed in the shower room on the 200 unit were Resident D resided.</p> <p>On 12/4/24 at 9:36 a.m., an anonymous interview indicated fall interventions are put in place by the nurse who does the fall assessment and reviewed by the team.</p> <p>On 12/5/24 at 9:14 a.m., RN 2 indicated there is an order for blood pressure parameters on a medication, the medication is given or not based on the parameters, the blood pressure is recorded on the MAR (Medication Administration Record).</p> <p>2. On 12/3/24 at 10:50 a.m., Resident B's clinical record was reviewed. Diagnoses included but were not limited to, personal history of transient ischemic attack (TIA), and cerebral infarction without residual effects, flaccid hemiplegia affecting right nondominant side, muscle wasting and atrophy. unspecified fracture of upper end of left humerus. A admission MDS (Minimum Data Set) assessment dated [DATE], indicated Resident B's cognition was moderately impaired, toileting dependent, mobility substantial/maximal assist.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I am at risk of falls/injury due to : High risk med use, history of falls, seizure disorder, date initiated 10/1/24.</p> <p>A progress note dated 11/9/24 at 4:48 p.m., indicated Resident B was observed to be sliding out of his chair in his room and lowered to floor, no injuries.</p> <p>No new interventions were found in the clinical record.</p> <p>On 9/5/24 at 9:36 a.m., the DON indicated she did not see an intervention was put in place for Resident B for the 11/9/24 incident, a new intervention should have been put in place.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/5/24 at 9:00 a.m., the Administrator provided the current policy on administering medications with a revised date of 8/2024. The policy included, but was not limited to: Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders, including any required time frame .</p> <p>On 12/5/24 at 9:22 a.m., the Administrator provided the current policy on care plans, comprehensive person-centered with a revised date of 8/2024. The policy included, but was not limited to: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .3. The care plan interventions are developed from a through analysis of the information gathered as part of the comprehensive assessments .11. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change .12. The interdisciplinary team reviews and updates the care plan: .r. when the desired outcome is not met .</p> <p>On 12/5/24 at 9 a.m., the Administrator provided the current policy on clinical protocol falls, with a revised date of 8/2024. The policy included, but was not limited to: .4. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling .5. If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation (for example, if the individual continues to try to get up and walk without assistance) .7. The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling .</p> <p>This citation relates to Complaint IN00448437 and Complaint IN00447324.</p> <p>3.1-35(g)(1)</p>		