STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155520	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of River City	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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, record review, and interview, the facility failed to ensure the most recent standard survey results and plan of correction were available to view. Finding includes:On 5/14/26 at 12:15 p.m., a binder containing previous survey results was observed in the front lobby of the facility. The binder did not contain any results for recent surveys conducted by the Indiana Department of Health in 2026 other than a survey conducted by Life Safety Code.On 5/15/26 at 8:40 a.m., the DON (Director of Nursing) indicated the facility did not have a specific policy for survey results being available, they followed the state board of health regulations.410 IAC (Indiana Administrative Code) 3.1-3(b)(1)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and record review, the facility failed to ensure a safe, sanitary, and homelike environment for residents who resided in the facility for 3 of 3 units observed and 2 of 2 dining rooms. Baseboards, walls, door trim on resident rooms were marred or had chipped paint, floors had debris built up. (100 unit, 200 unit, 300 unit, 100 unit dining room, 200 unit dining room). Findings include: On 5/14/26 at 8:45 am the following was observed throughout the facility on all units: Walls on the unit hallways were marred and/or soiled.Baseboards on units were marred and/or soiled.Door trim around resident rooms were marred or had chipped paint.Floors on the hallways and nurses stations had debris build up in corners, around and under all heating/cooling units. The floors in the 100 and 200 dining rooms had debris build up around baseboards and in corners, on the floor under the wall mounted television on the 200 unit. The same was observed on 5/15/26 during the survey. On 5/16/26 at 9:17 a.m., the DON (Director of Nursing) provided the current policy on homelike environment with a revision date of 8/2024. The policy included but was not limited to: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible .2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment .This citation relates to Intake 2985593. 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)