

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Envive of Huntington		STREET ADDRESS, CITY, STATE, ZIP CODE 850 Ash St Huntington, IN 46750	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49411</p> <p>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was completed before and after moments of resident contact during random observations.</p> <p>Findings include:</p> <p>During a random observation, on 4/2/24 at 9:52 a.m., Restorative Aide 4 propelled Resident 17 back to his room in his wheelchair. Upon entering his room, she helped the resident adjust his foot pedals and brought his bedside table over to him before exiting his room. No hand hygiene was performed after exiting the resident's room.</p> <p>During an interview, on 4/2/24 at 9:54 a.m., Restorative Aide 4 indicated she had hand sanitizer in her work room. She tried to go back to her work room between each resident contact to perform hand hygiene, but sometimes if she saw another resident requiring therapy, she would take them down to her work room before performing hand hygiene.</p> <p>During a random observation, on 4/2/24 at 10:07 a.m., the Activities Director entered Resident 5's room and assisted the resident with putting on her oxygen tubing. Upon exiting the resident's room, the Activities Director followed Resident 5 into the crafting room, where she picked up a box containing crafting supplies and distributed the items to Resident 5 and 14. No hand hygiene was performed before touching and distributing the crafting supplies.</p> <p>During an interview, on 4/3/24 at 8:46 a.m., the Activities Director indicated most of the time, she carried hand sanitizer in her pocket. She also had hand sanitizer in her work room. She was supposed to perform hand hygiene before and after entering a resident's room.</p> <p>During an interview, on 4/5/24 at 3:00 p.m., the DON and Nurse Consultant both indicated they expected staff to perform hand hygiene before and after entering resident rooms where care was performed.</p> <p>A current facility policy, dated 2/2022 and titled Hand Washing/ Hand Hygiene, provided by the Corporate Nurse on 4/3/24 at 4:20 p.m., indicated the following .Health Care Workers shall use hand hygiene at times such as: Before/after having direct physical contact with residents</p> <p>3.1-18(l)</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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