STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155531	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Huntington	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to ensure hair coverings were utilized by dietary staff to ensure hygienic meal preparation. This deficient practice had the potential to affect 43 of 43 residents who received meals from the facility kitchen.Findings include: On 3/16/26 at 7:36 a.m., during breakfast service, the following was observed:The Dietary Manager was walking throughout the kitchen without a hair cover or beard cover. His beard was approximately the length of a pencil top eraser. The Dietary Manager plated 43 plates of food without wearing a hair cover or beard cover.During an interview, on 3/16/26 at 7:58 a.m., the Dietary Manager indicated he was unaware he needed to wear a hair cover or a beard net, as his hair was so short.A posted sign on the kitchen door indicated the following: Hair nets must be worn beyond this point.During an interview, on 3/18/26 at 1:51 p.m., the Administrator indicated the Dietary Manager should have worn a hair net and beard net cover while he was in the kitchen.A current facility policy, dated 1/2023, titled Culinary Personal Hygiene, provided by the Administrator on 3/20/26 at 12:06 p.m., indicated the following: . Personal Cleanliness: All employees working in the culinary department must wear a clean hair restraint which effectively covers all hair. Dietary employees with facial hair must also wear a beard restraint 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC 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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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interview and record review, the facility failed to provide mail delivery to residents on Saturdays for 7 of 7 residents interviewed during a Resident Council group interview. (Residents 6, 14, 15, 16, 24, 36, 37) Findings include:During the Resident Council group interview, on 3/18/26 at 10:00 a.m., regular attendees reported that mail was not delivered within the facility on Saturdays. Resident 36 indicated the staff member responsible for mail delivery was not present on weekends, and any mail received by the facility on Saturday was held until Monday before being distributed. Residents 6, 14, 15, 16, 24, and 37 confirmed that mail received on Saturdays was routinely delayed until Monday.During an interview, on 3/20/26 at 9:38 a.m., the Activities Director indicated the facility had previously provided mail delivery on Saturdays; however, since the staff member responsible for weekend mail delivery was no longer employed by the facility, residents had not received mail on Saturdays for approximately the past month and a half.During an interview with the Administrator, on 3/20/26 at 1:36 p.m., she indicated mail was supposed to be delivered within the facility on Saturdays.A current facility policy, titled Mail and Electronic Communication, provided by the Administrator on 3/20/26 at 12:59 p.m., indicated the following: .Residents are allowed to communicate privately with individuals of their choice and may send and receive personal mail, email and other electronic forms of communication confidentially. 4. Mail and packages will be delivered to the resident within twenty-four (24) hours of delivery on premises or to the facility's post office box (including Saturday deliveries) . 410 IAC (Indiana Administrative Code) 16.2 - 3.1-3(p)(3)

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure medications were stored in a manner to prevent loose pills in the medication cart drawers and eye drops had opened dates to indicate when to discard them for 2 of 2 medication carts reviewed for medication storage.Findings include: During a medication storage observation, on 3/17/26 at 8:29 a.m., accompanied by RN 3, a white round pill inscribed with 54/27 and a blue round pill was found in the second drawer on the left side of the 200-hallway medication cart. A clear oval capsule, one white round pill inscribed 40, a white round pill inscribed EP 117, and a white round pill inscribed B05 was found in the third drawer on the left side of the 200- hallway medication cart. RN 3 indicated that the pills should be destroyed in the drug buster (a drug disposal liquid). The medication carts were cleaned out during third shift. Two eye drop containers were opened without open dates written on the container or box. RN 8 indicated that eye drop containers should have an open date written on them.During a medication cart observation, on 3/17/26 at 8:54 a.m., accompanied by LPN 4, a white round pill inscribed PH 020 and a white oblong pill inscribed ZF 41 was found at the bottom of 100-hallway's medication cart. LPN 4 indicated that the pills should be destroyed in the drug buster solution. She was unsure how often medication carts were cleaned out.During an interview, on 3/18/26 at 1:45 p.m., the DON indicated eye drop containers should have an opened date written on them. Medication carts should be cleaned out every shift. Any loose pills would be destroyed using the drug buster solution.During an interview, on 3/20/26 at 2:26 p.m., the DON indicated 21 residents received medications from the 100- hallway medication cart and 25 residents received medications from the 200- hallway medication cart.A current facility policy, titled Medication Labeling and Storage, provided by the Administrator on 3/20/26 at 2:17 p.m., indicated the following: .Medication Storage: 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner 410 IAC (Indiana Administrative Code) 16.2- 3.1-25(o)(s)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure a resident received hypodermoclysis (infusion of hydrating fluids in the fatty layer of skin) in accordance with physician orders regarding rate of infusion and failed to ensure hydration fluids were not administered after their expiration date for 1 of 1 residents reviewed for parental fluids. (Resident 20) Findings include: During a random observation, on 3/16/26 at 9:01 a.m., Resident 20 was observed sitting in a wheelchair in her room. A bag of normal saline (NS) 0.9% was transfusing at a rate of 150 mL/HR (milliliter per hour) as indicated by the dial knob. The dial knob had a red arrow pointed at 150. The bag had a marking of 3/14 written on it, and that it was the second bag infused.During a random observation, on 3/16/26 at 9:32 a.m., Resident 20 was sitting in a wheelchair in her room. A bag of normal saline 0.9% dated 3/14 was running at 150mL/HR per the dial knob.During an observation, on 3/16/26 at 9:34 a.m., with LPN 4 and the DON present, the following was observed: Resident 20 was sitting in a wheelchair with a bag of normal saline hanging and actively infusing. LPN 4 reached down, grabbed the infusion tubing above the turn dial knob, turned around, and then showed the solution was running at 60 mL/HR. The red arrow on the turn dial knob was now pointing at 60.At the time of observation, the DON indicated the NS solution should run at 60 mL/HR.At the time of observation, LPN 4 indicated Resident 20's orders were for the NS to run at 60 mL/ HR.Resident 20's clinical record was reviewed on 3/17/26 at 1:51 p.m. Diagnoses included syncope and collapse, difficulty in walking, adult failure to thrive, muscle weakness, bradycardia, kidney disease, and heart failure.Current physician orders included may begin hypodermoclysis at 60 mL/HR for two liters of NS. May discontinue once second bag is finished. One time only for fluids for 3 days.A March 2026 Medication Administration Report (MAR) indicated the first bag of normal saline was started on 3/12/26 at 3:17 p.m. The second bag of normal saline administration time was missing from the MAR report.A progress note, dated 3/12/26 at 3:17 p.m., indicated hypodermoclysis at 60mL/HR for two liters of NS was started by the previous nursing shift.A progress note, dated 3/16/26 at 3:44 p.m., indicated Resident 20 completed a second liter of fluids. The hypodermoclysis was discontinued per the Nurse Practitioner (NP) order. Area was clean and intact. No concerns were noted at that time.During an interview, on 3/16/26 at 1:58 p.m., the Administrator indicated the facility did not have a policy regarding how long a normal saline bag was good for once the bag had been punctured.During an interview, on 3/20/26 at 9:53 a.m., RN 5 indicated once a bag of normal saline was punctured, it was only good for 24 hours.During an interview, on 3/20/26 at 10:17 a.m., the facility pharmacist indicated a bag of normal saline for infusion was only good for 24 hours once punctured.During an interview, on 3/20/26 at 11:03 a.m., the DON indicated the hypodermoclysis policy indicated 24-48 hours, so that was what the facility went by.The National Library of Medicine website at https://pmc.ncbi.nlm.nih.gov/articles/PMC3189676/#:~:text=4%2C12%2C22,practices)%20during%20these%2 was accessed on 3/23/16 at 11:10 a.m., guidance included: . Once punctured, a normal saline (0.9% NaCl) bag for hypodermoclysis (subcutaneous infusion) should ideally be used within 24 hours, as standard guidelines recommend changing solution bags daily, even if not empty.A current facility policy, dated 8/2024, titled Hypodermoclysis, provided by the Administrator on 3/20/26 at 2:17 p.m., indicated the following: .Preparation: Review the order. The order for hypodermoclysis should include: Type and quantity of solution or dose of medication; Rate of infusion; duration of treatment 410 IAC (Indiana Administrative Code) 16.2-3.1-47(a)(2)