

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Envive of Anderson		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Lindberg Rd Anderson, IN 46012	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>48146</p> <p>Based on interview and record review, the facility failed to manage Resident Funds in accordance with acceptable accounting principles for 1 of 4 residents reviewed for management of Resident Funds. (Resident 29)</p> <p>Findings include:</p> <p>A review of the facility's Resident Funds was completed on 7/24/24 at 3:55 p.m. The Business Office Manager provided a Resident Funds Trial Balance sheet. The facility managed personal resident funds for 37 residents. Resident 29 was listed with two separate accounts; account B had a current negative balance of \$2,911.47 and account C had a current negative balance of \$15.16.</p> <p>Resident 29's account B Resident Funds record indicated the following:</p> <p>On 11/1/23, the resident's account balance was \$0.53.</p> <p>On 11/13/23, a personal check was credited for the amount of \$3,000.00.</p> <p>On 11/13/23, a care cost auto withdrawal for the amount of \$2,948.00.</p> <p>On 11/17/23, a return deposit item for the amount of \$3,000.00.</p> <p>On 11/17/23, a return deposit item fee for the amount of \$16.00.</p> <p>On 11/30/23, a personal check was credited for the amount of \$ 3,300.00</p> <p>On 11/20/23, a care cost auto withdrawal for the amount of \$3,248.00.</p> <p>Resident 29's resident fund account B balance on 12/1/23 was in the negative of \$2,911.47.</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
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 7/24/24 at 3:35 p.m., the Corporate Business Office Consultant indicated Resident 29 had a returned check in November 2023, and this resulted in the account having a negative balance. The check was covered a few weeks later. Care cost withdrawals were automated and deducted after deposits were made and a second care cost charge was made in error for November 2023. Additionally, the funds had been deposited into an inappropriate account for medical expenses. The facility Business Office Manager corrected this in December 2023, resulting in two accounts for Resident 29.</p> <p>During an interview, on 7/25/24 at 1:07 p.m., the Business Office Manager and Corporate Business Office Consultant indicated they had reached out by electronic mail (e-mail) to the third party billing company in December 2023 about the inappropriate charges, but had not received any response. The Business Office Manager did not send follow-up e-mails related to the inappropriate charges. The Corporate Business Office Consultant indicated she had spoken with a representative of the third party billing by phone on 7/24/24, and the charge error would be refunded no later than 7/25/24.</p> <p>A current facility policy, dated 10/23, titled, Resident Funds Management System, provided by the Regional Nurse Consultant, on 7/25/24 at 2:54 p.m., indicated the following: .Established to manage resident funds by following acceptable accounting principles Audits on resident accounts will occur monthly. LTC (consulting partners) and BOM will both audit accounts to ensure liabilities are paid monthly</p> <p>3.1-6(e)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42685</p> <p>Based on observation, interview, and record review, the facility failed to ensure protective Peripherally Inserted Central Catheter (PICC) dressings were intact and changed as ordered for 1 of 6 residents reviewed for infection control. (Resident 151)</p> <p>Finding includes:</p> <p>During an observation on 7/22/24 at 2:51 p.m., to the left of the door, Resident 151's room indicated Enhanced Barrier Precautions. The resident was accompanied back to her room from the therapy room by an unknown staff member with an intravenous (IV) pole on her right side. Her single lumen PICC on her right upper arm was connected to the IV tubing and the PICC dressing was visible and loose from the skin around the top half of the dressing.</p> <p>During an interview on 7/22/24 at 3:58 p.m., Resident 151 indicated her PICC dressing was loose and had not been changed since before admission to the facility. The PICC dressing to her right upper arm was dated 7/16/24. The facility staff last administered her antibiotic through the PICC line on 7/22/24 at 2:30 p.m. and had not offered to change the PICC dressing.</p> <p>Resident 151's clinical record was reviewed on 7/23/24 at 4:31 p.m. The resident admitted to the facility on [DATE]. Diagnoses included cellulitis of the left upper limb and sepsis due to streptococcus group A (bacteria type).</p> <p>A current physician order, dated 7/18/24, included cefazolin sodium solution (antibiotic)- administer 2 grams intravenously every eight hours for bacteremia (infection).</p> <p>A current physician order, dated 7/17/24, included a PICC line IV dressing change every seven days and as needed.</p> <p>Review of the Treatment Administration Record (TAR) included IV antibiotic administration every eight hours from 7/22/24 through 7/24/24. The clinical record lacked evidence of PICC line dressing changes during the above mentioned times while the dressing was non-occlusive.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 7/23/24, indicated the resident was cognitively intact. The resident received specialized services including IV medication and IV access.</p> <p>A current care plan, dated 7/18/24, indicated the resident had sepsis due to left upper arm cellulitis with a PICC line in the left upper arm. Interventions included the following: administer medications per orders, IV assessments as indicated, and treatments as ordered.</p> <p>A nurse's note, dated 7/25/24, indicated the resident's PICC was in the right upper arm.</p> <p>During an observation on 7/24/24 at 9:56 a.m., Resident 151 exited her room, walked down the 300 unit hallway into the main lobby, and continued to the activity room for an activity. The PICC line dressing to her right upper arm was visible and loose, with the top of the dressing hanging down midway. The dressing was dated 7/16/24.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 7/24/24 at 11:00 a.m., Resident 151 stood in the main lobby area. The PICC line dressing remained to her right upper arm, dated 7/16/24.</p> <p>During an IV administration observation on 7/24/24 at 2:25 p.m., RN 6 indicated she had just changed the resident's right upper arm PICC dressing because it was loose and hanging down the resident's arm. The resident received IV antibiotics several times a day and last received it on 7/24/24 at approximately 6:00 a.m. The PICC line dressing was ordered to be changed weekly and as needed when the dressing was loose.</p> <p>During an interview on 7/24/24 at 4:44 p.m., the DON indicated PICC line dressings should be changed every seven days or immediately when the dressing was not occlusive. PICC line dressings should be assessed to ensure they were occlusive each time the staff administered the resident's IV antibiotic. Non-occlusive PICC line dressings were an infection prevention and control concern.</p> <p>A current facility policy, revised March 2022, titled Central Venous Catheter Care and Dressing Changes, provided by the DON on 7/24/24 at 5:13 p.m., indicated the following: Purpose .The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings . General Guidelines 1. Perform site care and dressing change at established intervals or immediately if the integrity of the dressing is compromised [e.g., damp, loosened or visibly soiled]</p> <p>3.1-47(a)(2)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48146</p> <p>A. Based on observation and interview, the facility failed to ensure insulin pens were labeled with appropriate resident identifier information on 1 of 3 carts reviewed for medication storage. (Front treatment cart)</p> <p>B. Based on observation and interview, the facility failed to ensure that expired vaccinations were disposed of timely for 1 of 1 medication rooms reviewed for medication storage. (Front medication room)</p> <p>Findings include:</p> <p>A. During a medication storage observation of the front treatment cart, accompanied by RN 6, on [DATE] at 9:31 a.m., the following were observed without resident identifiers or directions:</p> <p>One Humalog Kwikpen (insulin), dated [DATE], containing 130 units.</p> <p>One Humalog Kwikpen, dated [DATE], containing 220 units.</p> <p>One Humalog Kwikpen, dated [DATE], containing 150 units.</p> <p>One undated Humalog Kwikpen, containing 120 units.</p> <p>During an interview, at the time of the observation, RN 6 indicated she was unsure how long the unlabeled pens had been in the treatment cart, and the pens should have resident identifier information labels. There were 6 different residents who received insulin from the front treatment cart.</p> <p>B. During a medication storage observation of the front medication room, accompanied by RN 6, on [DATE] at 9:37 a.m., two boxes of Influenza Vaccine, containing 10 pre-filled single use dose syringes, with expiration dates of [DATE] and [DATE], were stored in the refrigerator.</p> <p>During an interview, at the time of the observation, RN 6 indicated these vaccines were expired, should not be given to residents, and should be disposed of promptly.</p> <p>A current facility policy, dated 2020, titled Medication Labels, provided by the Regional Nurse Consultant on [DATE] at 3:36 p.m., indicated the following: .1. Each prescription medication label includes: Resident's name, specific direction for use, including route of administration .strength of medication, physician's name, date medication is dispensed, quantity, expiration date, name, address, and telephone number of PharmcareUSA, prescription number .</p> <p>A current facility policy, dated 2020, titled Medication Storage in the Facility, provided by the regional Nurse Consultant on [DATE] at 2:54 p.m., indicated the following: .13. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock .</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3XXX,d+[DATE](k) 3XXX,d+[DATE](o)

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>50721</p> <p>Based on observation, interview, and record review, the facility failed to implement corrective and preventive actions to ensure systemic issues related to resident funds, medication labeling, and medication expiration were identified and quality assessment and performance improvement (QAPI) plans were implemented to prevent deficiencies from re-occurring.</p> <p>Findings include:</p> <p>On 7/25/24 at 3:13 p.m., the Administrator provided a QAPI action plan, dated 5/17/24. The root cause analysis indicated medication carts and rooms were not routinely inspected to ensure removal of expired medications. The concern included medication carts and rooms with expired medications. Action items of the plan included: the front medication room would be inspected with expired medications removed and destroyed. The actual completion date was 5/16/24. The back unit medication room was to be inspected with expired medications destroyed and lacked a completion date. An additional action plan indicated the medication rooms would be inspected weekly for four weeks from 5/23/24 through 6/20/24 and then weekly for two months from 6/27/24 through 8/22/24.</p> <p>During an interview on 7/26/24 at 4:28 p.m., the Administrator indicated the QAPI team met monthly and had last met on 6/28/24. The QAPI meeting agenda/ minute notes from that meeting addressed compliance issues noted on the last ISDH annual survey from 7/14/23. The included action plan development indicated the DON would perform the medication room and medication cart audits. At the same time, the Chief Operating Officer indicated he was unable to provide any audits related to acceptable accounting principles to manage resident funds.</p> <p>Survey Plan of Correction (POC) Audit tools for May, June, and July 2024 were provided by the Chief Operating Officer on 7/26/24 at 5:20 p.m. No identified concerns were indicated on the audit sheets. Comments on all three audits included: Any adjustments will be made as needed to ensure on-going compliance.</p> <p>Review of an undated current facility policy titled, Quality Assurance and Performance Improvement (QAPI) Plan, provided by the Administrator on 7/23/24 at 9:18 a.m., indicated the following: .The objectives of the QAPI Plan are to: . 3. Provide structure and processes to correct identified quality and/ or safety deficiencies; 4. Establish and implement plans to correct deficiencies .7 . as a basis for demonstrating that there is an effective ongoing program</p> <p>Cross reference F568.</p> <p>Cross reference F761.</p> <p>3.1-52(b)(2)</p>		