

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155699	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Envive of Hartford City		STREET ADDRESS, CITY, STATE, ZIP CODE 715 N Mill St Hartford City, IN 47348	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40241</p> <p>Based on interview and record review, the facility failed to ensure an abuse allegation was reported to the Indiana Department of Health for 1 of 4 residents reviewed for abuse. (Resident D and Resident B)</p> <p>Findings include:</p> <p>During an interview with Resident D, on 6/14/24 at 1:07 p.m., she indicated when she was in her previous room, Resident B had pushed her into her room from behind and told her to stay in her room, and she didn't need to be coming out of her room. Resident D reported this to the Administrator and the Social Service Director and completed a grievance form.</p> <p>Resident D's clinical record was reviewed on 6/14/24 at 12:50 p.m.</p> <p>A significant change Minimum Data Set (MDS) assessment indicated she was cognitively intact.</p> <p>She had a care plan for making false statements/accusations towards staff and other residents, i.e. making statements that she was hit or pushed by another resident when it was impossible for that to have happened (Revised 4/23/24). Her interventions included allow her to vent feelings (1/8/24), allow her to express her concerns (revised 4/19/24), provide comfort/support (revised 4/19/24), and redirect her and offer alternative options (revised 4/19/24).</p> <p>A Resident Concern Form for Resident D, dated 5/17/24 at 8:30 a.m. and completed by the Housekeeping Supervisor, indicated Resident D stated Resident B came to her door and grabbed her door handle and told her to stay in her d--n room. She told him not to say that and walked past him.</p> <p>An addendum to Resident D's concern/grievance, dated 5/17/24 at 9:00 a.m., written by the Administrator, indicated the initial story reported was that Resident B pushed Resident D back into her room as she was trying to get out of her room. Resident D told the Housekeeping Supervisor that Resident B told Resident D that he was going to kick her a--. The Administrator spoke with Resident D after this was reported and Resident D explained that Resident B followed her to her room, put his hand on her door and told her to get in there and stay. The Housekeeping Supervisor received two different stories than what the Administrator received. The Administrator spoke with each staff member, and no one saw it happen as well as no one saw Resident B on that end of the hall that morning.</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: 155699	Facility ID: 155699 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A handwritten statement by RN 4, dated 5/17/24, indicated RN 4 was standing at the blood sugar medication cart and Resident D told her Resident B had pushed her into her room and she was going to move to another room.</p> <p>A handwritten statement by the Housekeeping Supervisor, dated 5/17/24 at 8:35 a.m., indicated Resident D came up to her in the hall and told her Resident B shoved her into her room and told her he was going to knock her on her a--. When the Housekeeping Supervisor came out of room [ROOM NUMBER], Resident B was outside of a nearby room, nowhere close to her room, walking towards her.</p> <p>A social service note, dated 5/20/24 at 2:56 p.m., indicated the Social Service Director checked with Resident D regarding her room change. She stated she was comfortable in the room, and she had no further issues with her peer. If she saw him in the hallway, she just didn't talk to him or went in the other direction.</p> <p>During an interview with the Administrator, on 6/17/24 at 12:20 p.m., she indicated Resident D initially reported to the Housekeeping Supervisor that Resident B pushed her in her room and told her to stay in her room. When the Administrator went to Resident D's room to interview her, she indicated to her Resident B followed her to her room, put his hand on her door, and told her to get in there and stay. The allegation was not reported to the state agency because when she went to talk to Resident D, she changed her story and said that he followed her to her room and put his hand on her door and told her to get in there and stay.</p> <p>A current facility policy, titled Resident Abuse, Neglect and Exploitation Procedural Guidelines, provided by the Administrator on 6/17/24 at 1:59 p.m., indicated the following: .Procedures .4.d. Identification .ii. The Executive Director is responsible for: 1. Notification to the State Department of Health (per State Guidelines) .g. Reporting/response .ii. Ensure that all alleged violations involving abuse .are reported immediately .and to other officials (including to the State Survey Agency)</p> <p>This citation relates to Complaint IN00432995.</p> <p>3.1-28(c)</p>		