

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 03/13/2025
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 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>45122</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident medications were properly labeled and disposed of for 1 of 3 medication carts observed. (200 Front Hall Cart)</p> <p>Finding includes:</p> <p>During an observation, on 3/13/25 beginning at 11:04 a.m., the top drawer in the left section of the 200 Front Hall Medication Cart contained an uncovered paper medication cup containing a green capsule, two cream-colored capsules, two round white tablets, and one oblong oval shaped white tablet. The paper cup had Resident N's last name and the words evening meds written in pen on it.</p> <p>During an interview, at the same time of the observation above, LPN 3 indicated she had not noticed the paper cup of medications in the cart when she passed medications earlier. Resident N had probably refused the medications, and the evening shift nurse had forgotten to destroy them. When a resident refused his/her medication, the medication should be destroyed right away.</p> <p>During an interview, on 3/13/25 at 11:06 a.m., the Director of Nursing indicated medications should be destroyed immediately after a resident refused them, and medications found in medication cups in the medication cart should be destroyed upon finding them.</p> <p>A current facility policy, dated 8/2024, titled Discarding and Destroying Medications, provided by the Administrator on 3/13/25 at 1:57 p.m., indicated the following: .Medications that cannot be returned to the dispensing pharmacy (e.g., non unit-dose medications, medications refused by the resident, and/or medications left by residents upon discharge) are disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances</p> <p>This citation relates to Complaint IN00453004.</p> <p>3.1-25(k)</p> <p>3.1-25(o)</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