STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155859	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Beech Grove	501 N 17th Ave Beech Grove, IN 46107

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38466 Based on observation, interview, and record review, the facility failed to ensure a physician's ordered skin tear treatment was followed for 1 of 3 residents reviewed for skin integrity. Wound dressings were not dated and initialed and the dressing change was continued beyond the physician's orders.(Resident 6) Findings include: During an observation on 12/10/24 at 10:45 a.m., Resident 6 was observed sitting in her wheelchair in the hall near her room. Resident 6's left mid-shin area was observed. A dry and intact tan colored dressing, approximately two inches by three inches, was observed covering the mid-shin area. The dressing lacked any documentation that indicated when and who had applied the dressing to the resident's shin area. During an interview at that time, Resident 6 indicated she was unsure when or why the dressing had been applied to her leg. On 12/12/24 at 1:15 p.m., Resident 6 was observed in her room and was sitting in her recliner with both legs elevated. Resident 6's left mid-shin area was observed. A dry and intact tan colored dressing, approximately two inches by three inches, was observed covering the mid-shin area. The dressing lacked any documentation that indicated when and who had applied the dressing to the resident's shin area. During an interview at that time, Resident 6 indicated she was unsure when the staff had applied the dressing to her leg. During an observation with RN 3 on 12/12/24 at 1:35 p.m., Resident 6 was observed sitting in her recliner with both legs elevated. Resident 6's left mid-shin area was observed. A dry and intact tan colored dressing, approximately two inches by three inches, was observed covering the mid-shin area. The dressing lacked any documentation that indicated when and who had applied the dressing to the resident's shin area. During an interview at that time, RN 3 indicated the dressing should have indicated the date and who had applied the dressing to Resident 6's mid-shin area. RN 3 indicated the shin skin tear was considered healed several weeks ago and since that time, the dressings were still being applied to Resident 6's mid-shin area as a preventative measure as per Resident 6's family request. On 12/12/24 at 12:15 p.m., Resident 6's clinical record was reviewed. The diagnoses included, but were not limited to, anemia, generalized weakness, dementia, restless leg syndrome, tremors, and a potential for impaired skin integrity. (continued on next page)

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Quarterly Minimum Data Set (MDS) assessment, dated 11/17/24, indicated Resident 6 was severely cognitively impaired and indicated Resident 6 had a skin tear. Resident 6's care plan, revised on 1/12/23, indicated the resident had potential for impaired skin integrity. The care plan was reviewed and considered current through 2/16/25. The care plan indicated Resident 6's skin would be kept clean and intact. Physician orders included, but were not limited to, monitor skin tear to lower left leg daily and change bordered foam dressing daily and as needed until healed .start date: 10/7/24 . Resident 6's Skin Assessments included, but were not limited to, the following: - Skin assessment, dated 10/5/24, indicated Resident 6 had a new left lower leg skin tear, approximately five centimeters in length, physician was notified, treatment order was in place, and staff were to monitor the area. - Skin assessment, dated 11/23/24, indicated Resident 6 had no impairments with skin integrity. - Skin assessment, dated 11/27/24, indicated Resident 6 had no impairments with skin integrity. - Skin assessment, dated 11/30/24, indicated Resident 6 had no impairments with skin integrity. - Skin assessment, dated 12/7/24, indicated Resident 6 had no impairments with skin integrity. - Skin assessment, dated 12/11/24, indicated Resident 6 had no impairments with skin integrity. A review of the November 2024 Treatment Administration Record (TAR) record indicated that staff had monitored the left shin skin tear and had applied a new dressing to the left shin area on a daily basis from 11/1/24 through 11/30/24. A review of the December 2024 TAR record indicated that staff had monitored the left shin skin tear and had applied a new dressing to the left shin area on a daily basis from 12/1/24 through 12/12/24. The clinical record lacked documentation that indicated a physician's prescribed treatment order to discontinue the daily dressing changes for a healed skin tear was followed. The physician was not notified and a new treatment order received prior to the continued dressing treatments having been applied to a healed skin tear from 11/24/24 through 12/12/24. During an interview on 12/12/24 at 3:40 p.m., the Director of Nursing Services (DNS) indicated Resident 6's left mid-shin skin tear was identified on 10/5/24 and the physician prescribed dressing changes were applied. When the skin tear was considered healed on 11/23/24, staff should have contacted the physician to obtain a revised treatment plan. All treatment dressings were to include the date and who had applied the dressings. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/12/24 at 2:15 p.m., the DNS provided a copy of the Envive Healthcare Policies and Procedures Manual: Subject-Skin Tears policy, dated August 2024, and indicated it was the current policy in use by the facility. A review of the policy indicated, .apply the ordered dressing and secure .label with date and initials to top of dressing . On 12/16/24 at 9:05 a.m., the DNS provided a copy of the Envive Healthcare Policies and Procedures Manual: Change in Resident's Condition or Status policy, dated August 2024, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Our facility promptly notifies the resident, his or her attending physician .of changes in the resident's medical/mental condition and/or status .nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status . 3.1-37(a)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38466 Based on interview and record review, the facility failed to document the drug dispositions for 1 of 2 residents reviewed for closed records. (Resident 47) Finding includes: On 12/13/24 at 12:36 p.m., Resident 47's clinical record was reviewed. The diagnoses included, but were not limited to, hypertension, cerebral infarction (stroke), and hyperlipidemia (high cholesterol). A physician's order summary report of medications, dated for active orders as of 9/17/24, included but were not limited to: - hydralazine HCL 25 milligrams (mg) for hypertension (high blood pressure) - atorvastatin calcium 80 mg for lowering cholesterol - carvedilol 3.125 mg for hypertension - hydrochlorothiazide 12.5 mg for hypertension The Envive Discharge Summary document, was initiated on 9/16/24 in anticipation for Resident 47's planned discharge. A review of the document indicated Resident 47's current medications were to be sent home with the resident on her scheduled discharge date of [DATE]. The record included Resident 47's current medications; however, it lacked the actual number of pills per medication that were to be provided to the resident upon her discharge. The clinical record lacked a completed drug disposition record for Resident 47 upon her discharge from the facility. During an interview on 12/13/24 at 1:15 p.m., RN 3 indicated Resident 47 was discharged home on 9/17/24 and the facility lacked a drug disposition record for Resident 47 medications. During an interview on 12/16/24 at 11:46 a.m., the Director of Nursing Services (DNS) indicated Resident 47's current medications were sent home with the resident. The DNS indicated she was unsure of the number of pills for each specific medication that were sent home with the resident or how many were returned to the pharmacy. The DNS indicated the facility lacked a drug disposition record for Resident 47's medications. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/16/24 at 9:05 p.m., the DNS provided an undated copy of the Discharge Medications policy and indicated it was the current policy in use by the facility. A review of the policy indicated, .discharge medications are counted or the volume of liquid estimated and the following information is entered on the discharge medication documentation form .date .name and strength of each medication .quantity or amount . facility will adhere to the rules and regulations of their specific State Health Department . 3.1-25(s)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38466 Based on observation, interview, and record review, the facility failed to ensure foods were maintained and served in a sanitary and safe manner for 4 of 4 observations. Staff hair was not covered while in the kitchen food preparation and serving area. (Dietary Manager) Findings include: 1. The initial kitchen tour was conducted with the Dietary Manager (DM) on 12/10/24 from 9:00 a.m. to 9:20 a.m. The DM was observed walking through out the kitchen area and near the food preparation table where the noon meal was being prepared. The DM was observed to have multiple loose facial chin hairs approximately one-fourth inch to one-half inch in length. The chin hairs were observed to not be covered. 2. During a follow up kitchen observation on 12/10/24 from 11:25 a.m. to 11:45 a.m., the DM was observed at and near the steam table where the noon meal foods were being held. The DM was observed taking and recording the noon meal food temperatures. The DM was observed to have multiple loose facial chin hairs approximately one-fourth inch to one-half inch in length. The chin hairs were observed to not be covered. 3. Prior to the noon meal service on 12/10/24 from 12:15 p.m. to 12:45 p.m., the DM was observed at and near the steam table that was located in the main dining room area. The DM was taking and recording the starting food temperatures for the foods being held at the steam table. The DM was observed to have multiple loose facial chin hairs approximately one-fourth inch to one-half inch in length. The chin hairs were observed to not be covered. 4. During a follow up observation on 12/10/24 from 12:50 p.m. to 12:55 p.m., the DM was observed in the main dining room area where the steam table was located. The steam table held the noon meal foods. The DM was observed taking the ending food temperatures. The DM was observed to have multiple loose facial chin hairs approximately one-fourth inch to one-half inch in length. The chin hairs were observed to not be covered. During an interview on 12/10/24 at 1:00 p.m., the DM indicated staff hair was to be kept covered while in the kitchen and when working with resident foods. On 12/11/24 at 10:45 a.m., the Director of Nursing Services provided a copy of the Envive Healthcare Policies and Procedures Manual: Preventing Foodbourne Illness-Employee Hygiene and Sanitary Practices policy, dated August 2024, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Hair Nets .beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens . On 12/10/24 at 3:00 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, .food employees shall wear hair restraints such as .hair coverings or nets .that are designed and worn to .effectively keep their hair from contacting .exposed food . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3.1-21(i)(2) 3.1-21(i)(3)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35099 Based on observation, interview, and record review, the facility failed to ensure a soiled utility room lock was repaired for 1 of 1 soiled utility rooms observed. Findings included: On 12/10/24 at 10:00 a.m., observed the door to the Soiled Utility Room between room [ROOM NUMBER] and room [ROOM NUMBER] to be unlocked. An observation of the lock to the door was missing numerical key pads and the door latch was taped to prevent the door from locking when the door closed. In the unlocked room, a barrel labeled trash, three barrels labeled soiled linen, and two barrels containing items in biohazard bags were observed. The door to the Soiled Utility Room had a sign which read, Restricted Area, Authorized Personnel Only. During an interview on 12/10/14 at 10:05 a.m., Qualified Medication Aide (QMA) 2 indicated the door should have been locked, but the lock was broken and there should have been a work order for it. During an interview on 12/10/24 at 10:22 a.m., the Director of Nursing (DON) indicated the door should have been locked. On 12/10/24 at 2:03 p.m., the DON provided, a copy of CDC Infection Control, Regulated Medical Waste, dated 1/8/24, and indicated it was the current policy in use by the facility. A review of the document indicated, .Any facility that generates regulated medical wastes should have a regulated medical waste management plan to ensure health and environmental safety as per federal, state, and local regulations . 3.1-19(f)