

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155859	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 01/16/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP COD 501 N 17TH AVE BEECH GROVE, IN 46107
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 01/16/24  Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990  At this Emergency Preparedness survey, Envive of Beech Grove LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 52 certified beds. At the time of the survey, the census was 48.  Quality Review completed on 01/19/24	E 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 1/30/24	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 01/16/24  Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990  At this Life Safety Code survey, Envive of Beech Grove LLC was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE David Benson	TITLE Executive Director	(X6) DATE 01/30/2024
---	-----------------------------	-------------------------

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP COD 501 N 17TH AVE BEECH GROVE, IN 46107
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997, was determined to be of Type II (000) construction and fully sprinklered. Building 0102 had hard wired smoke detectors located near smoke barriers and in all resident sleeping rooms. Building 0202, consisting of the first floor of the fully sprinklered three story building with a basement adjacent to the health care center, and separated by a two hour wall was determined to be of Type I (332) construction. The first floor and the basement of the adjacent building which was constructed in 1959 was surveyed due to customary access to the chapel and Salon in the building. Building 0202 had a complete corridor smoke detection system. Building 0302 is a split level facility consisting of the Therapy Wing addition with each of the two floors exiting at ground level was determined to be of Type V (111) construction and fully sprinklered. The Therapy Wing addition was constructed in 2015 and has a fire alarm system with hard wired smoke detection located near smoke barriers. The facility has a capacity of 52 and had a census of 48 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0345 SS=F Bldg. 01	<p>Quality Review completed on 01/19/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code as required by LSC Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Fire Alarm Inspection</p>	K 0345	<p>K345 – Fire Alarm System: It is the consistent practice of this Provider to visually inspect the fire alarm system to ensure proper operation – this includes the control unit trouble signals, remote annunciators, initiating devices, notification appliances, and magnetic hold open devices.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice; The fire alarm system was properly inspected in compliance with this code by maintenance supervisor and corporate maintenance consultant on 1/30/24</p> <p>How other residents having the potential to be affected by the same alleged deficient practice will be identified and what</p>	01/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP COD 501 N 17TH AVE BEECH GROVE, IN 46107
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000  Bldg. 02	<p>Report" documentation dated 08/14/22 and 08/28/23 with the Facility Operations and Executive Director during record review from 9:10 a.m. to 1:00 p.m. on 01/16/24, semi-annual fire alarm system inspection documentation six months after 08/14/22 was not available for review. Based on interview at the time of record review, the Facility Operations and Executive Director agreed semi-annual inspection documentation for the facility's fire alarm system six months after 08/14/22 was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Facility Operations and Executive Director during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p>	K 0000	<p>corrective action will be taken; All residents residing within this building have the potential to be affected by this alleged practice. The fire alarm system was properly inspected in compliance with this code by the maintenance supervisor on 1/30/24.</p> <p>What measures will be put into place and what systematic changes will be made to ensure that the alleged deficient practice does not recur; The maintenance staff were inserviced by the ED and corporate maintenance consultant on 1/30/24 on the requirements of this code to properly inspect the fire alarm system semi-annually.</p> <p>How will the corrective actions be monitored or QA will be put into place to ensure the alleged deficient practice will not recur; This Provider utilizes TELS which is a electronic system for scheduling preventive maintenance and regulatory tasks and ensuring they are completed and documented.</p> <p>/p&gt;</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP COD 501 N 17TH AVE BEECH GROVE, IN 46107
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Survey Date: 01/16/24</p> <p>Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990</p> <p>At this Life Safety Code survey, Envive of Beech Grove LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997, was determined to be of Type II (000) construction and fully sprinklered. Building 0102 had hard wired smoke detectors located near smoke barriers and in all resident sleeping rooms. Building 0202, consisting of the first floor of the fully sprinklered three story building with a basement adjacent to the health care center, and separated by a two hour wall was determined to be of Type I (332) construction. The first floor and the basement of the adjacent building which was constructed in 1959 was surveyed due to customary access to the chapel and Salon in the building. Building 0202 had a complete corridor smoke detection system. Building 0302 is a split level facility consisting of the Therapy Wing addition with each of the two floors exiting at ground level was determined to be of Type V (111) construction and fully sprinklered. The Therapy Wing addition was constructed in 2015 and has a fire alarm system with hard wired smoke detection</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000  Bldg. 03	<p>located near smoke barriers. The facility has a capacity of 52 and had a census of 48 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p> <p>Quality Review completed on 01/19/24</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/16/24</p> <p>Facility Number: 000391 Provider Number: 155859 AIM Number: 100274990</p> <p>At this Life Safety Code survey, Envive of Beech Grove LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997, was determined to be of Type II (000) construction and fully sprinklered. Building 0102</p>	K 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155859	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ENVIVE OF BEECH GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>had hard wired smoke detectors located near smoke barriers and in all resident sleeping rooms. Building 0202, consisting of the first floor of the fully sprinklered three story building with a basement adjacent to the health care center, and separated by a two hour wall was determined to be of Type I (332) construction. The first floor and the basement of the adjacent building which was constructed in 1959 was surveyed due to customary access to the chapel and Salon in the building. Building 0202 had a complete corridor smoke detection system. Building 0302 is a split level facility consisting of the Therapy Wing addition with each of the two floors exiting at ground level was determined to be of Type V (111) construction and fully sprinklered. The Therapy Wing addition was constructed in 2015 and has a fire alarm system with hard wired smoke detection located near smoke barriers. The facility has a capacity of 52 and had a census of 48 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p> <p>Quality Review completed on 01/19/24</p>			