

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 831 SWOPE STREET GREENFIELD, IN 46140
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R000000	<p>This visit was for a State Residential Licensure Survey. This visit included Investigation of Complaint IN00139884.</p> <p>Complaint IN00139884-Substantiated. State Residential deficiencies related to the allegations are cited at R29, R349, and R352.</p> <p>Unrelated Deficiency Cited</p> <p>Date of Survey: December 16, 17, 18, 2013</p> <p>Facility number: 012798 Provider number: 012798 AIM number: N/A</p> <p>Survey Team: Courtney Mujic RN,TC Karina Gates, Generalist Beth Walsh RN (December 17, 18, 2013) Tom Stauss, RN</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Census payor type: Medicaid: 10</p>	R000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

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R000029	<p>Other: 38 Total: 48</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 23, 2013, by Janelyn Kulik, RN.</p> <p>410 IAC 16.2-5-1.2(d) Residents' Rights - Deficiency (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview and record review, the facility failed to ensure resident dignity was maintained for 1 of 7 residents whose clinical records were reviewed. (Resident #F)</p> <p>Findings include:</p> <p>During an interview with Resident #F on 12/16/13 at 1:50 pm, she indicated having a "heated discussion" with the Executive Director (ED) outside of the main dining room, near the main office of the facility, on 9/6/13. Resident #F indicated the ED said she was "telling lies" about the facility.</p>	R000029	Citation R0029 Submission of this Plan of Correction shall not constitute or be construed as an admission by CrownPointe of Greenfield that the allegations contained in this survey report are accurate or reflect accurately the provisions of service to the residents of CrownPointe of Greenfield.I. For Residents#F and #K all staff including the ED will be re-educated on Resident Rights. All staff will be instructed to knock and wait until the resident replies back to them to come in. Shall a resident have concerns or complaints that need to be addressed with the Administrator or Designee that resident will be invited to discuss	01/24/2014

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	Resident #F then described a related conversation regarding the facility being out of "raisin bread" for a week. During this conversation, Resident #F indicated she attempted to validate the time length the facility was out of the raisin bread to the ED by bringing up another facility resident who usually eats the bread and who previously commented on how long the facility had not had any of the bread. Resident #F then indicated the ED said "mind your own business." Resident #F indicated she then beginning to cry because of the "reprimand" and she left the area to walk back to her room. She indicated the ED followed her to her room. Resident #F indicated telling the ED that she didn't want to talk to her any more about the issue as she was upset. Resident #F indicated that she went into her bathroom and that before she came out of the bathroom she heard the ED talking to her "through the bathroom door." Resident #F indicated again saying she didn't want to talk to the ED, but the ED continued talking to her "through the door." Resident #F indicated then attempting to leave the bathroom and her room to attend a beauty shop appointment. She indicated the ED continued the		them in the Administrator's office with the choice of having a family member or another person present. Shall a resident want to remain anonymous in reporting a concern or complaint they have the option to use the Resident Concern Binder outside the Administrator's office. The administrator and or Designee will re-educate/inform all Residents of the location of this book and its availability to them on or before 01/24/14. II. All Residents could be effected by this deficient practice. All staff including the ED will be re-educated on Resident Rights. All staff will be instructed to knock and wait until the resident replies back to them to come in. Any resident concerns or complaints that need to be addressed with the Administrator or Designee that resident will be invited to discuss them in the Administrators office with a choice of having a family member or another person present. Shall a Resident want to remain anonymous in reporting a concern or complaint they have the option to use the Resident Concern Binder located outside the Administrator's office.III. As means to ensure all Residents are treated with respect, and recognition of their dignity and individually the Administrator or Designee will meet with the Resident's so Resident's can voice any concerns or complaints on how they are treated by				

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	<p>conversation by saying to Resident #F, "I want you to stop spreading rumors" about the facility. Resident #F indicated both of their voices got louder over the course of the conversation as Resident #F indicated she denied spreading rumors and began to restate some of her previously mentioned concerns, which were not "rumors." Resident #F then indicated the ED said "those issues are resolved" and "it 's time for (Resident #F) to find another place to live."</p> <p>During an interview with Resident #K on 12/18/13 at 1: 18 p.m., she indicated being present in the facility on 9/6/13 and witnessing a conversation between the ED and Resident #F in the area between the main dining room and near the front entrance of the facility. Resident #K indicated that the conversation was " tense" and the ED "berated" Resident #F during the conversation. Resident #K indicated hearing the ED state "you don't know what you're saying" and "you complain a lot" to Resident# F during this conversation. Resident #K indicated that she observed Resident #F begin to cry and then "head back towards her room." Resident #K indicated leaving the</p>		<p>staff. Meetings will be done monthly for three months, then quarterly for three quarters, then 2 times a year on-going to ensure compliance.IV. As means of quality assurance the Director of Operations will visit the facility monthly for six months to consult with the Administrator or Designee on any concerns or complaints from Residents.V. Dated Completed: 01/24/14</p>				

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	<p>area for her own room at that time. Resident #K indicated believing the ED's comments towards Resident #F to be inappropriate.</p> <p>During an interview with the ED on 12/18/13 at 1:29 p.m., she indicated that it would not be "appropriate" for any staff member to say "you complain a lot" to a resident.</p> <p>A "Residential Residents' Rights" facility policy was reviewed. It indicated that "Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility ... " It also indicated "Residents have the right to exercise any or all of the enumerated rights without restraint, interference, coercion, discrimination, or threat of reprisal by the facility." The policy further indicated, "Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality."</p> <p>This Residential tag is related to Complaint IN00139884</p>						

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review the facility failed to maintain a resident's complete clinical record regarding verification of the required two step method for tuberculin skin testing upon admission for 1 of 7 residents whose clinical records were reviewed. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was requested from the ED (Executive Director) on 12/17/2013 at 9:30 a.m. It was provided by her in the form of a hard chart on 12/17/2013 at 11:00 a.m. This clinical record was reviewed on 12/17/2013 at 1:30 p.m. It indicated Resident #B was admitted to the facility on 6/7/2013. It included a</p>	R000349	<p>Citation R0349Submission of this Plan of Correction shall not constitute or be construed as an admission by CrownPointe of Greenfield that the allegations contained in this survey report are accurate or reflect accurately the provisions of the service to the Residents of CrownPointe of Greenfield.I. For resident #B the resident's record was updated to include with proper documentation. All licensed clinical staff that has the potential to be the Medical Records Designee including the ED, Director of Healthcare Services and Business Office Manager will be re-educated on Clinical Records. Clinical Staff will be instructed to follow policy and procedure for all Clinical Records. Clinical Records will be audited within 5 business days of admission to ensure all proper records are on the Residents Clinical Record. This will be</p>	01/24/2014
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	<p>form entitled "Record of Mantoux." The form indicated the first step of the Mantoux tuberculin skin test was administered to Resident #B on 7/15/2013. The section on the form entitled "Second Step" was blank. No further information was found in the clinical record regarding a second step administration to Resident #B of the Mantoux tuberculin skin test.</p> <p>On 12/18/2013 at 12:50 p.m., the ED provided a second "Record of Mantoux" form, not included in the clinical record, for Resident #B. This form indicated a first step administration date of 6/7/2013 and a second step administration date of 6/17/2013. Regarding Resident #B having 3 Mantoux tuberculin skin tests between 6/7/2013 and 7/15/2013, the ED indicated, "I'm not sure what happened, if she got 3 or if the 7/15 is a typo. I'll look into it."</p> <p>During an interview with the Director of Nursing on 12/18/2013 at 1:00 p.m. she indicated, "She really did get 3. I guess the July one was her yearly. The June ones weren't in her chart."</p> <p>During an interview with the Administrator, on 12/18/2013 at</p>		<p>completed by the Director of Healthcare Services and the Business Office Manager and/or Medical Records Designee to ensure all proper documentation is provided on the Residents Clinical Record. A clinical record audit sheet will be placed in each chart and signed off after completion of the audit by the facility director of Healthcare Services and Business Office Manager or Designee.II. No other Residents were found to be effected; however there is a potential that all Residents could be effected by the deficient practice, all residents files were reviewed by the director of Healthcare Services and Medical Records Designee to ensure all tuberculin skin test administration and documentation as referenced within our policy and procedure.III. The ED, Director of Healthcare Services and Business Office Manager and all potential Medical records Designee were re-educated to our policy and procedure regarding administration of tuberculin test and documentation as referenced within our policy and procedure for residents at CrownPointe of Greenfield. The ED has designed and implemented a tickler file as to the resident's upcoming dates for tuberculin testing, administration and documentation to ensure completion and accurate clinical record keeping.IV. The Director of</p>				

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R000352	<p>12:25 pm, regarding the facility's resident clinical records, he indicated there was no access available to their computer charting. He indicated, "It isn't in use yet."</p> <p>This Residential tag is related to Complaint IN00139884</p> <p>410 IAC 16.2-5-8.1(e)(1-4) Clinical Records - Noncompliance (e) The clinical record must contain the following: (1) Sufficient information to identify the resident. (2) A record of the resident ' s evaluations. (3) Services provided. (4) Progress notes.</p> <p>Based on observation, interview and record review the facility failed to ensure a resident's clinical record contained an evaluation of her ability to self-administer medications for 1 of 7 residents whose clinical records were reviewed. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record for Resident #C was requested from the ED</p>	R000352	<p>Healthcare Services and or Designee will perform random weekly audits of residents tuberculin administration and documentation record as referenced by the tickler file to ensure continued compliance for a period of three months. Findings will be reviewed after three months by the Administrator or Designee to determine the need for ongoing monitoring. Findings suggestive of compliance will result in cessation of the monitoring plan.V. All in-servicing or re-educating on Tuberculin Administration and Documentation will be completed on or before 01/24/14.</p> <p>Citation R0352I. Clinical records for Resident #C have been reviewed and updated to include proper documentation for medication self-administration.II. No other Resident's were found to be effected. However, there is a potential that all Resident's could be effected by this deficient practice. All other Residents clinical records have been found to be in order.III. The ED and the Director of Healthcare Services have created a check of sheet to</p>	01/24/2014			

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	<p>(Executive Director) on 12/17/2013 at 9:30 a.m. It was provided by her in the form of a hard chart on 12/17/2013 at 11:00 a.m. This clinical record was reviewed on 12/18/2013 at 11:30 a.m.</p> <p>The diagnoses for Resident #C included, but were not limited to: Parkinson's with dementia.</p> <p>During review of Resident #C's clinical record, no evaluation of Resident #C's ability to self-administer medications was found.</p> <p>During an interview with QMA (Qualified Medication Aide) #1 on 12/17/2013 at 11:39 a.m., she indicated Resident #C had medications administered to her in the morning and at noon. She further indicated Resident #C was able to administer her own medications in the evenings, usually requiring reminders only.</p> <p>During an interview with the ED (Executive Director) on 12/18/2013 at 12:20 p.m. regarding Resident #C's medication administration, she indicated, "She does both." She proceeded to review Resident #C's clinical record and stated, "I don't</p>		<p>audit clinical records to ensure all required documentation is filed in the resident's clinical record. The Director of Healthcare Services or Designee will audit the clinical records within 5 business days of admission and quarterly on an ongoing basis.IV. The Director of Healthcare Services will report to the Administrator or Designee after audits are completed on clinical records. The Administrator or designee will review and sign off on all audit forms for the next six months.V.Date to be completed: 01/24/2014.</p>				

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R000406	<p>see her self administration assessment in here."</p> <p>On 12/18/2013 at 12:30 p.m., the DON (Director of Nursing) provided a form entitled "Medication Self Administration Assessment" for Resident #C, dated 9/20/2013. She stated, "I forgot to put it in the chart."</p> <p>During an interview with the Administrator, on 12/18/2013 at 12:25 pm, regarding the facility's resident clinical records, he indicated there was no access available to their computer charting. He indicated, "It isn't in use yet."</p> <p>This Residential tag is related to Complaint IN00139884</p> <p>410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview, and record review, the facility failed</p>	R000406	Citation R0406l. Resident #C's deficiency cannot be corrected for which caused the citation. To	01/24/2014			

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	<p>to provide a sanitary method when dispensing/administering medication for 1 of 3 residents observed for medication pass (Resident #C).</p> <p>Findings include:</p> <p>During a random observation of a medication pass, on 12/17/13 at 11:33 a.m., QMA #1 opened the packaging for Resident #C's medication. QMA #1 placed ropinirole 3 mg (milligrams) (medication for Parkinson's disease) and Stalevo 150 mg (medication for Parkinson's disease) in their bare hands. Then QMA #1 placed both pills in Resident# C's mouth, one at a time, with their bare hands.</p> <p>A review of Resident #C's Physician's Orders, with a fax date of 11/15/13, indicated Resident #C takes Stalevo 150 mg qid (four times a day) and Requip 3 mg qd (daily) (brand name for ropinirole).</p> <p>A policy regarding handling medication during medication administration was requested from the Executive Director, on 12/17/13 at 1:30 p.m.</p> <p>During an interview with the Executive Director, on 12/18/13 at</p>		<p>ensure the deficient practice does not occur again, all clinical and non-clinical staff will be re-educated on proper hand washing techniques, infection control, and the use of gloves. All clinical staff will be re-educated on the use of gloves during a medication administration; as was the staff member found to be non-compliant at the time of the surveyors observance.II. No other residents were effected by the deficient practice. However, there is a potential that all Residents could be effected by the deficient practice. To ensure the deficient practice does not occur again, all clinical and non-clinical staff will be re-educated on proper hand washing techniques, infection control, and the use of gloves during a medication administration.III. As a means to ensure the Infection Control Policy is followed by the staff the Director of Healthcare Services or Designee will do random checks on staff during medication administration on a monthly basis for three months, then quarterly checks for six months, then six month checks on an ongoing basis.IV. As a means of quality assurance the Administrator or Designee will review with the Director of Healthcare Services or Designee any issues or concerns noted during the random checks. Any staff not found not following the Infection Control Policy will be re-educated at that time.V. All</p>				

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	<p>10:35 a.m., she indicated she was unable to locate a facility policy regarding handling medication during medication administration.</p> <p>On 12/18/13 at 11:25 a.m., the Director of Health Services (DHS) indicated the above Physician's Orders were the current Physician's Orders for Resident #C. She also indicated she was unable to think of situation/time when staff can touch a Resident's medication with their bare hands, while administering the medication. The DHS also indicated QMA #1 should've used gloves or a spoon to handle/administer the medication to Resident #C.</p>		in-servicing on Infection Control will be completed by 01/24/14.	