

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 06/26/2013
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NAME OF PROVIDER OR SUPPLIER CROWN POINTE SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1034 CROWN POINTE BLVD GREENSBURG, IN 47240
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(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
R000000	<p>This visit was for the Investigation of Complaint IN00129799.</p> <p>Complaint IN00129799 - Substantiated. State deficiency related to the allegations is cited at R0217.</p> <p>Survey dates: June 25 and 26, 2013</p> <p>Facility number: 011914 Provider number: 011914 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 3</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/27/13 by Suzanne Williams, RN</p>	R000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>	

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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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure a service plan was developed for 1 of 3 residents reviewed for service plans in a sample of 3. (Resident #B)</p> <p>Findings include:</p>	R000217	<p>1. A new service plan was immediately completed for Resident #B upon noting the previous service plan could not be located.2. All residents have the potential to be affected. Thus, the medical records of all residents were reviewed to ensure an updated service plan was present.3. As a means of</p>	07/01/2013			

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	<p>The clinical record for Resident #B was reviewed on 6-25-13 at 2:05 p.m. Her diagnoses included, but were not limited to, coronary artery disease, cardiomyopathy, atrial fibrillation, history of heart valve repair, depression and seizure disorder. She was admitted to the facility in late April 2013.</p> <p>In review of the clinical record, Resident #B's service plan could not be located. In interview with the Regional Director on 6-26-13 at 11:20 a.m., she indicated the facility also was unable to locate the resident's service plan. She indicated this was very unusual as she was relatively certain it had been in the clinical record approximately one month ago.</p> <p>This State tag relates to Complaint IN00129799.</p> <p>5-2(e)</p>		<p>ongoing compliance, the DON or designee will continue to review and update all service plans at least quarterly, and as needed with change in condition. The DON or designee will complete an ongoing audit monthly to ensure all residents' medical records have an updated service plan present.4. As a measure of quality assurance, the DON or designee will complete the above described monitoring ongoing on a monthly basis and report continued compliance to the Administrator. Should a deficient practice be observed, immediate corrective action will be taken. The Administrator or designee will monitor and sign off on the monitoring tools monthly ongoing. The plan of correction will be revised accordingly, if warranted based upon findings.</p>		