STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN POINT CHRISTIAN VILLAGE	6685 E 117TH AVE CROWN POINT, IN 46307

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F000000	This visit was for the Investigation of Complaint IN00165726. Complaint IN00165726- Substantiated. Federal/State deficiency related to the allegations was cited at F465. Survey date: February 12, 2015 Facility number: 001198 Provider number: 155637 AIM number: 100471000 Survey team: Regina Sanders, RN, TC Census bed type: SNF: 22 SNF/NF: 107 Residential: 45 Total: 174 Census Payor type: Medicare: 22 Medicaid: 70 Other: 37 Total: 129 Sample: 4 Supplemental sample: 1 These deficiencies reflect state findings	F000000	F000 Crown Christian Village acknowledges receipt of the 2567 and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted a written allegation of compliance. Crown Christian Village's response to this Statement of deficiencies does not denote agreement with Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 15, 2015, by Janelyn Kulik, RN.			
F000465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment, related to a pet in the facility having incontinence episodes on the floors in the facility and a bed in a resident's room, for 1 of 3 Units (Eden) in the facility, which had the potential to effect 73 residents who reside on the Eden Unit. Findings include: During an interview on 02/12/15 at 1:47 a.m., CNA #1 indicated Resident #D had a dog as pet, which was living in the facility. CNA #1 indicated the resident was in the hospital at the present time. CNA #1 indicated the resident's dog was	F000465	WE REQUEST DESK COMPLIANCE F 465 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice. a. Identified resident rooms, bathroom, hallways have been cleaned to ensure they are sanitary, orderly and odor free, accomplished 2/12/15. ***2.*** How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: a. The facility must provide a safe, functional, sanitary, environment for residents, staff and the public. ***3.*** What measures will be put into place or what systemic changes will be made to ensure	02/23/2015

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	taken outside by the staff a couple times during the night and the dog has been on medication to decrease the urinary incontinence. During an interview on 02/12/15 at 1:59 a.m., LPN #2 indicated the dog was usually in the resident's room, but at times comes out of the room and wanders the hall. She indicated the dog had episodes of urinary incontinence in the hallway, at the Nurses' Station, in front of the outside door and sometimes in other resident's rooms. During an interview on 02/12/15 at 2:06 a.m., CNA #3 indicated the gate on Resident #D's door was to keep the dog in the room and had just been placed recently. CNA #3 indicated the dog roams the halls and has had incontinence on the hallway floor. During an interview on 02/12/15 at 2:20 a.m., LPN #4 indicated the gate for the resident's room was not always in use. LPN #4 indicated the dog had been incontinent on the hallway floors and in other resident's rooms. During an interview on 02/12/15 at 2:56 a.m., CNA #5 indicated the dog will occasionally urinate on the floor in the resident's room and in the hallway. CNA		that the deficient practice does not recur: a. Staff re-educated related to ensuring that the dog be kept on schedule for daily care, check sheet posted at exit door for staff to indicate that schedule is being followed. Attachment #3 b. Gate maintained at doorway of resident room during the night to prevent dog from wandering. c. Activity department to check with resident daily that medication is given which prevent urinary incontinence. If resident is hospitalized the activity department will assume responsibility for giving the medication. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place. a. Eden unit manager/designee will conduct daily audits to ensure that the schedule is followed and if there are any further episodes of incontinence. attachment #1 b. Activity Director will keep documentation of the check for medication administration. Attachment #2 c. Administration will review the audits weekly during morning stand up meeting to ensure completeness and accuracy. All audits will be conducted as mentioned for six months or longer if determined by the Quality Assurance committee. d. The results of audits will be discussed at the monthly Quality	

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	#5 indicated if the staff does not get to the dog quickly when it was standing by the outside door, the dog will urinate on the floor. During an interview on 02/12/15 at 8:11 a.m., Resident #F indicated the dog had urinated on her room floor and in her doorway, and the staff would get the urine cleaned up. She indicated the dog was, "usually pretty good". During an observation on 02/12/15 at 5:09 a.m., the dog was located in Resident #D's room, asleep in the dog bed located on the floor. The gate was up at the room door to prevent the dog from leaving the room. There was a puddle of liquid on the floor next to the resident's empty bed (resident in the hospital). During an observation on 02/12/15 at 5:23 a.m., there was a puddle of liquid on the floor next to the Resident #D's bed, the unmade bed mattress had a puddle of urine, and the throw blanket on the bed was visibly wet. During an interview at the time of the observation CNA #1 indicated the dog had been taken outside at 3 a.m. During an interview on 02/12/15 at 5:29 a.m., the Director of Nursing (DoN)		Assurance meetings.	

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	indicated the dog was usually taken out at 3 a.m. and then again around 6:30-7 a.m. by the staff. The DoN acknowledged there was urine on the floor and the mattress. During an interview on 02/12/15 at 8:20 a.m., the Administrator indicated Resident #D's dog was considered a community dog, and the community dog policy and procedure was followed by the facility. During an interview on 02/12/15 at 8:40 a.m., the Administrator indicated the dog was old and had been on medication for a weak bladder. She indicated when the resident went to the hospital, the staff did not know where the medication was and the dog had not received the medication. A facility policy and procedure, titled, "Pets", dated 09/09, received from the DoN as current, indicated, "...Animals will be...monitored at all times while in the Community or on the premises...a designated employee will be responsible for general daily care (feeding, toileting, etc.)...Any employee noticing a mess made by any pet will immediately clean up the mess..." This Federal Tag relates to complaint IN00165726.			

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	3.1-19(f)			