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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br>04/01/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CROWN POINTE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1034 CROWN POINTE BLVD<br>GREENSBURG, IN 47240 |
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| R 000<br><br>Bldg. 00 | <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: April 1, 2015</p> <p>Facility number: 011914<br/>Provider number: 011914<br/>AIM number: N/A</p> <p>Census bed type:<br/>Residential: 39<br/>Total: 39</p> <p>Census payor type:<br/>Medicaid: 22<br/>Other: 17<br/>Total: 39</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> | R 000 | <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. The facility respectfully requests that this plan of correction be considered for paper compliance.</p> |  |
| R 156<br><br>Bldg. 00 | <p>410 IAC 16.2-5-1.5(m)<br/>Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24.</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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|  | <p>Based on observation, record review and interview, the facility failed to prepare food under sanitary conditions related to the use of unpasteurized eggs. This had the potential to affect 3 of 15 residents who received meals prepared in the kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 4/01/2015 at 9:15 A.M., with the Dietary Manager (DM), 3 large trays of non-pasteurized eggs were observed in the large refrigerator on the bottom shelf.</p> <p>During an interview, on 4/01/2015 at 2:49 P.M., the DM indicated the breakfast menu was "manager's choice" and not regulated by the dietitian. Eggs were served three to four times a week in the facility. Normally the residents had fried or scrambled eggs and only two to three residents requested soft serve eggs with a liquid center. She was not aware of the facility's policy requiring the use of only pasteurized eggs.</p> <p>During an interview, on 4/01/2015 at 4:19 P.M., the Dietitian indicated there was no regulation for the breakfast menu. She indicated the noon and evening meals were the only meals reviewed quarterly for nutritional value and a</p> | R 156   | R156 requires that the facility's food supplies shall meet standards.1. The unpasteurized eggs have been discarded. The facility is now only ordering and using pasteurized eggs, both liquid and in-shell. 2. All residents who consume eggs at the facility have the potential to be affected. The facility policy and procedure for shelled eggs was reviewed with no changes made.3. In an effort to ensure ongoing compliance all dietary staff received education regarding the facility policy and procedure for shelled eggs, specifically the use of pasteurized eggs, both liquid and shelled (Attachment A). Any dietary employee not available for the scheduled inservice will be required to complete the training prior to their next tour of duty.4. As a means of quality assurance, the Administrator will monitor the food order on a weekly basis to ensure only pasteurized eggs are being ordered (Attachment B). The Administrator will report continued compliance to the Registered Dietitian during regularly scheduled visits. Should a deficient practice be observed, immediate corrective action will be taken. The plan of correction will be revised accordingly, if warranted.5. The above corrective action will be completed on or before April 16, 2015. | 04/16/2015  |  |   |  |

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| R 269<br>Bldg. 00  | <p>monthly review was completed for all food temperature logs.</p> <p>A "Egg Preparation Education" form, provided by the DM and described as the residents signed wavier for eggs consumption, on 4/01/2015 at 3:15 P.M., indicated ... "Pasteurized eggs are available and allowed for safe consumption of undercooked eggs in most cases."</p> <p>A policy and procedure on Shell Eggs was received from the Director of Nursing, on 4/01/2015 at 3:00 P.M., it was dated November 2014 and identified as current. The policy indicated, "The potential hazard of cooking with eggs is so great that this policy is to establish guidelines for using pasteurized liquid eggs and pasteurized shell eggs in meal preparation. All eggs should be stored on the bottom shelf in the refrigerator... 5. For fried eggs, in-shell pasteurized eggs will be used."</p> <p>410 IAC 16.2-5-5.1(b)<br/>Food and Nutritional Services - Noncompliance<br/>(b) The menu or substitutions, or both, for all</p> |               |   |                      |

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|                    | <p>meals shall be approved by a registered dietician.</p> <p>Based on record review and interview, the facility failed to provide a breakfast menu which had been approved by a registered dietician. This had the potential to affect 15 of 15 residents who received breakfast meals prepared in the kitchen.</p> <p>Findings include:</p> <p>Record review of the "Fall and Winter Magnolia Health Systems - Assisted Living Properties" menu provided by the Dietary Manager (DM), on 4/01/2015 at 9:39 A.M., indicated only Lunch and Dinner menus were listed. The breakfast menu was left blank.</p> <p>During an interview, on 4/01/2015 at 2:49 P.M., the DM indicated the breakfast menu was "manager's choice" and not regulated by the dietician. She indicated the menus are quarterly reviewed for lunch and dinner only by a dietician.</p> <p>During an interview, on 4/01/2015 at 4:19 P.M., with the Dietitian, she indicated there were no regulations for the breakfast menu. The menu is only reviewed quarterly for the nutritional value of the lunch and dinner meals. She</p> | R 269         | <p>R269 requires the menu or substitutions, or both, for all meals shall be approved by the Registered Dietitian.1. Breakfast menus have been drafted by a Registered Dietitian and added to the facility menus.2. All residents have the potential to be affected, thus, the following corrective action has been taken:3. In an effort to ensure ongoing compliance, the Dietary Manager will ensure three meals per day are served in accordance to the menus provided by the Registered Dietitian. 4. As a measure of quality assurance, the Administrator will review the menus weekly with the Dietary manager to ensure continued compliance (Attachment B). The Administrator will report continued compliance to the Registered Dietitian during regularly scheduled visits. Should a deficient practice be observed, immediate corrective action will be taken. The plan of correction will be revised accordingly, if warranted.5. The above corrective action will be completed on or before April 16, 2015.</p> | 04/16/2015           |

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|                    | <p>indicated the breakfast menu is left up to the individual DM for all assisted living facilities, since residents are given more freedom to choose.</p> <p>A policy and procedure on " Dietary Consultation" was received from the Director of Nursing, on 4/01/2015 at 3:08 P.M., the policy was dated December 2003 and identified as current. The policy indicated, "It is the policy of the facility that a Registered Dietitian will provide consultation services on the premises at peak periods of operation on a regularly scheduled basis. The Registered Dietitian shall be consulted should there be question in regard to menu preparation or specific therapeutic diets."</p> |               |   |                      |