

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/07/2015
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NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF ANDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 CROWNPOINTE CIR ANDERSON, IN 46012
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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
R 000 Bldg. 00	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: May 6 and 7, 2015</p> <p>Facility number: 012129 Provider number: 012129 AIM number: N/A</p> <p>Census bed type: Residential : 53 Total: 53</p> <p>Census payor type: Medicaid: 29 Other: 24 Total: 53</p> <p>Sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p>	R 000		
R 148 Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as</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>follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on interview and observation, the facility failed to ensure hotplates were not used in a resident's apartment and failed to have a policy to address the use of hotplates in resident apartments. (Resident #36)</p> <p>Findings include:</p> <p>During an environmental tour, on 5/6/15 at 2:44 p.m., with the Maintenance Director, a hotplate was observed in Resident #36's apartment. The Maintenance Director indicated he had no knowledge of the hotplate.</p> <p>During an interview, on 5/6/15 at 3:08 p.m., the Administrator indicated she was unaware of a hotplate being in Resident #36's apartment. "I thought she was using the stove in the ice cream parlor. I didn't know she had a hotplate in her</p>	R 148	<p>All residents have the potential to be effected by the deficient practice. Each resident has been informed that they cannot have a hotplate in their apartment. Resident apartments have been checked and not other hotplates were found in resident's apartments. All residents have signed an acknowledgement stating they understand they cannot have hotplates, toaster ovens or candles in their apartments. The acknowledgement will be in the admission packet and will be explained to residents and families on admission. Apartments will be checked on a monthly basis for hotplates, candles and other electrical hazards when Maintenance staff does the monthly preventative maintenance checks. Administrator/designee will follow up with maintenance staff on a monthly basis to ensure the</p>	05/22/2015

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	<p>room." The Administrator indicated she had a policy to address residents cooking in their rooms.</p> <p>During an interview, on 5/6/15 at 3:17 p.m., the Administrator indicated she had been in contact with a facility in Indianapolis and they had sent her a policy regarding hotplates in resident apartments. She indicated she was "re-doing it to fit my facility."</p> <p>During an observation on 5/6/15 at 3:30 p.m., the Administrator and the Director of Nursing were observed carrying a hotplate toward the Administrator's office. The Administrator indicated this was the hotplate taken from Resident #36's apartment.</p>		deficient practice does not recur. All corrective actions will be completed by 5/22/15.				