

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 01/31/2024
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00420769 and IN00426608. This visit included the Investigation of Nursing Home and Residential Complaint IN00421819 and Residential Complaint IN00427126.</p> <p>Complaint IN00420769 - Federal/State deficiencies related to the allegations are cited at F676 and F677.</p> <p>Complaint IN00421819 - Federal/State deficiencies related to the allegations are cited at F676 and F677, R144, R214, R217, R241, and R349.</p> <p>Complaint IN00426608 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00427126 - State deficiencies related to the allegations are cited at R217, R241, and R349.</p> <p>Survey dates: January 29, 30, and 31, 2024</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Census Bed Type: SNF/NF: 83 SNF: 18 Residential: 47 Total: 148</p> <p>Census Payor Type: Medicare: 17 Medicaid: 64 Other: 20</p>	F 0000	The facility kindly requests a desk review.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Porcaro	Administrator	02/19/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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F 0676 SS=D Bldg. 00	<p>Total: 101</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/7/24.</p> <p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p>			

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	<p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. Based on record review and interview, the facility failed to ensure a resident who required minimal assistance with showers received bathing at least twice a week, for 1 of 1 resident who required minimal assistance with bathing. (Resident BB)</p> <p>Finding includes:</p> <p>During an interview on 1/31/24 9:16 a.m., Resident BB indicated her showers were scheduled on Wednesdays and Saturday days. She had not had a shower in over a week and does not always receive her showers.</p> <p>Resident B's record was reviewed on 1/31/24 at 10:24 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An Annual Minimum Data Set assessment, dated 10/24/23, indicated an intact cognitive status, no behaviors, independent for toileting, hygiene, mobility, and walking. Shower status was not assessed.</p> <p>A Care Plan, dated 9/8/21, indicated self performance for activities of daily living fluctuates. The interventions indicated she preferred her shower in the morning.</p> <p>The Shower Task Form indicated a shower was received on 1/20/24 and 1/27/24. A bed bath was received on 1/24/24.</p>	F 0676	<p>Crown Point Christian Village Complaint Survey 1/31/24 Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F 676 Activities Daily Living/Maintain Abilities</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident BB had no adverse effect from not receiving shower. Resident BB was given a shower on 2/7/24, 2/10/24 and 2/17/24. She was offered a shower on 2/3/24 and 2/14/24 but refused due to not feeling well.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p>	02/19/2024

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	<p>There was no documentation of bathing/showers received in November and December.</p> <p>On 1/31/24 at 1:30 p.m., the Interim Director of Nursing indicated she was unable to find documentation any further showers were completed.</p> <p>This citation relates to Complaints IN00420769 and IN00421819.</p> <p>3.1-38(a)(2)(A)</p>		<p>The facility determined that all residents who need assistance with ADL have potential to be affected.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>CNA's were re-educated on providing showers per the resident's shower schedule or per resident's request twice a week.</p> <p>Nurses were re-educated on monitoring the shower/bath schedule to ensure residents receive shower/baths and document any reason (including refusal by resident) if the shower/bath cannot be completed as scheduled.</p> <p>DON/Designee has reviewed all residents' shower/bath schedules and given a shower/bath per residents' preference/plan of care twice a week.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>DON/ designee will audit 10 residents weekly x 6 months to ensure that residents receive</p>	

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F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on record review and interview, the facility failed to ensure residents who required extensive to dependent assistance for activities of daily living (ADL's), received bathing/showers at least twice a week, for 2 of 2 residents who require extensive to dependent assistance for ADL's. (Residents DD and EE)</p> <p>Findings include:</p> <p>1) Resident DD's record was reviewed on 1/31/24 at 11:32 a.m. the diagnoses included, but were not limited to stroke.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/21/23, indicated a moderately impaired cognitive status, no behaviors, dependent for ADL's, bed mobility, and transfers.</p> <p>A Care Plan, dated 1/11/24, indicated assistance was required for ADL's. The interventions included she was totally dependent for bathing, preferred</p>	F 0677	<p>showers 2xs/week. A summary of the audits will be presented to the Quality Assurance committee monthly for 6 months.</p> <p>By what date the systemic changes will be completed: 2/19/24</p> <p>Crown Point Christian Village Complaint Survey 1/31/24 Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F 677 ADL Care Provided for Dependent Residents</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident DD had no adverse effect from not receiving shower. Resident DD was given a shower on 2/5/24, 2/8/24, 2/12/24 and</p>	02/19/2024

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	<p>bed baths, and did not have a time preference for her bathing.</p> <p>The shower/bathing schedule indicated bathing was on Mondays and Thursdays on the evening shift.</p> <p>There was no documentation that indicated showers/bathing had been completed in January.</p> <p>The bathing was documented as completed on 11/2/23, 11/13/23, 12/21/23, 12/28/23.</p> <p>On 1/31/24 at 1:30 p.m., the Interim Director of Nursing (DON) indicated she was unable to find any other documentation that showers/bathing had been completed.</p> <p>2) During an interview on 1/31/24 at 9:30 a.m., Resident EE indicated she had not received showers/bathing as scheduled twice a week.</p> <p>Resident EE's record was reviewed on 1/31/24 at 12:41 p.m. The diagnoses included, but were not limited to vascular dementia.</p> <p>A Quarterly MDS assessment, dated 12/6/23, indicated a moderately impaired cognitive status, no behaviors and was dependent for showers/bathing.</p> <p>A Care Plan, dated 12/15/23, indicated an ADL deficit. The interventions included, the resident would be encouraged to assist with ADL's.</p> <p>The Shower Schedule, indicated showers/bathing was scheduled for Wednesday and Saturday days.</p> <p>The Shower Sheet Forms indicated a</p>		<p>2/15/24. Resident DD did not receive shower 2/19/24, she is out of facility.</p> <p>Resident EE had no adverse effect from not receiving shower.</p> <p>Resident EE was given a shower on 2/3/24, 2/7/24, 2/10/24, 2/15/24 and 2/ 17/24.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The facility determined that all residents who need assistance with ADL have potential to be affected.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>CNA's were re-educated on providing showers per the resident's shower schedule or per resident's request twice a week.</p> <p>Nurses were re-educated on monitoring the shower/bath schedule to ensure residents receive shower/baths and document any reason (including refusal by resident) if the shower/bath cannot be completed as scheduled.</p> <p>DON/Designee has reviewed all</p>	

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R 0000 Bldg. 00	<p>shower/bathing had not been completed on December 13 and 23, 2023 and January 6, 17, 20, 2024.</p> <p>This citation relates to Complaints IN00420769 and IN00421819.</p> <p>3.1-38(a)(3) 3.1-38(b)(2)</p> <p>This visit was for the Investigation of Residential and Nursing Home Complaint IN00421819 and Residential Complaint IN00427126. This visit included the investigation of Nursing Home Complaints IN00420769 and IN00426608.</p> <p>Complaint IN00420769 - Federal/State deficiencies related to the allegations are cited at F676 and F677.</p> <p>Complaint IN00421819 - Federal/State deficiencies related to the allegations are cited at F676, F677, R144, R214, R217, R241, and R349.</p>	R 0000	<p>residents' shower/bath schedules and given a shower/bath per residents' preference/plan of care twice a week.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>DON/ designee will audit 10 dependent residents weekly x 6 months to ensure that residents receive showers 2xs/week. A summary of the audits will be presented to the Quality Assurance committee monthly for 6 months.</p> <p>By what date the systemic changes will be completed: 2/19/24</p> <p>The facility kindly requests a desk review.</p>	

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R 0144 Bldg. 00	<p>Complaint IN00426608 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00427126 - State deficiencies related to the allegations are cited at R217, R241, and R349.</p> <p>Survey dates: January 29, 30, and 31, 2024</p> <p>Facility number: 001198</p> <p>Residential Census: 47</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 2/7/24.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the environment was clean and provided reasonable comfort for all residents, related to a strong urine odor in a resident room, which permeated down the hallway and into the common areas of the facility. This had the potential to affect all residents residing on the hall and all residents using the common areas and elevator.</p> <p>Finding includes:</p> <p>During an observation on 1/29/24 at 10:30 a.m., a strong urine odor was present from the elevator down the full length of the hallway. Resident D's</p>	R 0144	<p>Crown Point Christian Village Complaint Survey 1/31/24</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>R 144 Sanitation and Safety Standards</p> <p>What corrective action(s) will</p>	02/19/2024

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	<p>apartment, located at the end of the hallway, had the door open. The resident was not in the apartment. There was a strong urine odor present. There were packages of clean briefs viewed.</p> <p>Employee 1 indicated on 1/29/24 at 11:24 a.m., the resident required help with his incontinent products and they checked on him 2-3 times a shift. There was always an odor of urine.</p> <p>On 1/29/24 at 1:50 p.m., the strong urine smell continued in the common area by the elevator and in the private dining area. The smell continued down to the end of the hallway where the resident's room was located.</p> <p>During an interview on 1/29/24 at 2:16 p.m., the Assisted Living Manager indicated the resident had all new furniture and they have received an estimate for cleaning the room. The estimate was very costly and they were contacting other cleaning services to get an estimate. She indicated Resident D wears briefs and takes himself to the bathroom. He would start to take his brief off as he walked to the bathroom, and urinated on the carpeting on the way to the bathroom. Psych services have been notified due to this being a behavior and not a medical condition. The staff also have a toileting schedule for him.</p> <p>During an observation on 1/29/24 at 2:31 p.m., Resident D was in his room. The strong urine odor continued. There were no wet areas observed on the carpeting. He ambulated independently in the apartment. There were no wet areas observed on his clothing. He indicated he did not receive assistance from the staff for toileting and he had no problems getting to the bathroom.</p> <p>During an interview on 1/29/24 at 2:39 p.m., the</p>		<p>be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident in the affected apartment has voluntarily moved out on February 15, 2024.</p> <p>The affected apartment will remain out of service during refurbishment.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all facility residents.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>Housekeeping staff were educated on proper protocols to deep clean apartments.</p> <p>Housekeeping Supervisor and/or designee will ensure compliance with sanitation standards.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and</p>	

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	<p>Administrator indicated the facility had been working with the family about the odor for a long time. The facility had talked about caregivers and the resident required more assistance. The family indicated this had always been a problem. The facility felt this was more of a behavioral issue and have reached out to Psych Services. She was unaware there had not been anything documented in the resident's record about the behavior.</p> <p>During an interview on 1/29/24 at 3 p.m., the Assisted Living Manager indicated she had just notified Psych Services for a consult.</p> <p>During an observation of the common area and the hallway, on 1/30/24 at 5:54 a.m., the strong urine odor continued. The odor started at the common area by the elevators and continued down the hallway to the resident's room. The strong odor continued in those areas and the Private Dining Room from 5:54 a.m. to 1:15 p.m.</p> <p>During an interview on 1/30/24 at 12:25 p.m., Resident P and a family member indicated the hallway smelled like urine and the smell was over bearing.</p> <p>Resident D's record was reviewed on 1/29/24 at 1:45 p.m. The diagnoses included, but were not limited to, heart failure and benign prostatic hypertrophy.</p> <p>The Initial Assessment/Service Plan, dated 9/1/23, indicated the resident was alert and oriented to person, place, and time. Was independent for bathing and toileting. Wore incontinent briefs and required assistance at night with the brief.</p> <p>A Mini-Mental State Examination (test for cognitive functioning), dated 9/1/23, indicated an</p>		<p>permanent?</p> <p>Housekeeping Supervisor and/or designee will complete rounds on five (5) apartments weekly, for six months to ensure compliance with the sanitation standards.</p> <p>A summary of the audits will be presented to the Quality Assurance committee for review.</p> <p>By what date the systemic changes will be completed?</p> <p>February 19, 2024</p>	

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R 0214 Bldg. 00	<p>intact cognitive status.</p> <p>The Assisted Living Manager provided work orders for the Maintenance Department. The work order, dated 10/5/23, requested the apartment be deep cleaned and the carpet sanitized and scrubbed. The work order was completed on 10/9/23.</p> <p>A work order, dated 11/7/23, requested the apartment be cleaned and the carpet scrubbed. The work order was completed on 11/8/23.</p> <p>A work order, dated 12/12/23, requested the carpets get scrubbed and the bathroom needed sanitized. The work order was completed on 12/12/23.</p> <p>During an interview on 1/29/23 at 3:54 p.m., the Assisted Living Manager acknowledged the odor had been a concern at least from October 2023.</p> <p>This citation related to Complaint IN00421819.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to ensure evaluations were completed semi-annually for 5 of 11 residents reviewed for semi-annual evaluations. (Residents J, N, M, H, and F)</p>	R 0214	<p>Crown Point Christian Village Complaint Survey 1/31/24</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an</p>	02/19/2024

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	<p>Findings include:</p> <p>1. Resident J's record was reviewed on 1/29/24 at 3:50 p.m. The diagnoses included, but were not limited to, Parkinson's disease.</p> <p>The Initial Resident Assessment was completed on 4/27/23. There was no Semi-Annual Assessment completed.</p> <p>2. Resident N's record was reviewed on 1/29/23 at 2:33 p.m. The diagnoses included, but were not limited to, stroke.</p> <p>The Initial Resident Assessment was completed on 3/29/23. There was no Semi-Annual Assessment completed.</p> <p>3. Resident M's record was reviewed on 1/30/24 at 9:05 a.m. The diagnoses included, but were not limited to, hypertension.</p> <p>The Semi-Annual Resident Assessment was completed on 3/20/23. There were no further assessments completed.</p> <p>4. Resident H's record was reviewed on 1/30/24 at 10:06 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>The Initial Resident Assessment was completed on 5/17/23. A Semi-Annual Assessment had not been completed.</p> <p>5. Resident F's record was reviewed on 1/30/24 at 4:31 a.m. The diagnoses included, but were not limited to, traumatic subdural hemorrhage without loss of consciousness, falls, and diabetes mellitus.</p> <p>An Initial Resident Assessment was completed on</p>		<p>admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. R 214 Evaluation</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents affected were not identified, the facility has made corrective steps to ensure that all residents are not affected by the alleged deficient practice.</p> <p>All semi-annual evaluations were completed for all residents.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all residents, but no other residents were identified.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>The Director of Wellness was re-educated on completing evaluations semiannually.</p>	

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 01/31/2024
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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R 0217 Bldg. 00	<p>7/23/23. A Semi-Annual Assessment had not been completed.</p> <p>During an interview on 1/30/24 at 10:56 a.m., the Assisted Living Manager acknowledged the Semi-Annual Assessments had not been completed.</p> <p>This citation relates to Complaint IN00421819.</p> <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: (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>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>The Director of Wellness and/or designee will complete an audit of all residents to determine who requires an updated evaluation.</p> <p>The Director of Wellness and/or designee will review the monthly audit/log to ensure compliance for the next six months.</p> <p>A summary of the audits will be presented to the Quality Assurance committee for review.</p> <p>By what date the systemic changes will be completed?</p> <p>February 19, 2024</p>	

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	<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 residents' Service Plans were updated and revised with changes, related to a relationship with another resident, falls, administration of medications, and smoking, for 3 of 11 residents reviewed for Service Plans. (Residents J, N, and F)</p> <p>Findings include:</p> <p>1. Resident J's record was reviewed on 1/29/24 at 3:50 p.m. The diagnoses included, but were not limited to, Parkinson's disease.</p> <p>The Service Plan, dated 4/27/23, indicated the resident was alert and oriented to person, place, and time.</p> <p>The Nurses' Progress Notes, dated 5/10/23 at 1:15 p.m. and 6/5/23 at 2:10 p.m., indicated the resident was found in Resident N's apartment.</p>	R 0217	<p>Crown Point Christian Village Complaint Survey 1/31/24</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>R 217 Evaluation</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents affected were not identified, the facility has made corrective steps to ensure that all residents are not affected by the</p>	02/19/2024

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	<p>During an interview on 1/29/24 at 3:55 p.m., the Assisted Living Manager indicated the relationship between Resident J and Resident N was consensual and they had dated off and on.</p> <p>During an interview on 1/30/24 at 7:56 a.m., the Administrator indicated the relationship between the Resident J and N was consensual and the families of both residents approved a dating relationship.</p> <p>The Service Plan had not been updated/ revised in regards to the consensual relationship.</p> <p>2. Resident N's record was reviewed on 1/29/23 at 2:33 p.m. The diagnoses included, but were not limited to, stroke.</p> <p>The Service Plan, dated 3/29/23, indicated the resident was alert and oriented times 2-3.</p> <p>A Mini-Mental Assessment, dated 3/29/23, indicated an intact cognition.</p> <p>During an interview on 1/30/24 at 7:36 a.m., Resident N indicated she has never been touched inappropriately and had not been asked for inappropriate sexual favors. She indicated she has not been abused. She indicated she had a special friend, Resident J.</p> <p>The Service Plan, dated 3/29/23, had not been updated/ revised in regards to the consensual relationship.</p> <p>3. Resident F's record was reviewed on 1/30/24 at 4:31 a.m. The diagnoses included, but were not limited to, traumatic subdural hemorrhage without loss of consciousness, falls, and diabetes mellitus.</p>		<p>alleged deficient practice.</p> <p>All service plans were updated and revised as needed.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all residents, but no other residents were identified.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>The Director of Wellness was re-educated on updating and revising service plans as needed.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>The Director of Wellness and/or designee will complete an audit of all residents to ensure all service plans have been updated and revised as needed.</p> <p>The Director of Wellness and/or designee will review the monthly audit/log to ensure compliance for</p>	

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R 0241 Bldg. 00	<p>The Nurses' Progress Notes, dated 11/11/23 at 9 a.m., 11/21/23 on evening shift, and 11/24/23 at 1 p.m., indicated the resident had falls.</p> <p>A Nurse's Progress Note, dated 12/29/23 at 3:30 p.m., indicated the resident was re-admitted into the Assisted Living from the Rehabilitation Unit. The nursing staff would now be administering her medications.</p> <p>During an interview on 1/30/24 at 10:56 a.m., the Assisted Living Manager indicated at times, the resident's clothing smell like smoke. She had never seen her smoking in the apartment. The resident has said she goes outside to her vehicle to smoke. She acknowledged the Service Plan had not been revised and updated with the changes.</p> <p>An undated Service Plan indicated the resident had no history of falls and the medications were self-administered. The Service Plan lacked information the resident was a known smoker with safety while smoking interventions.</p> <p>This citation relates to Complaints IN00421819 and IN00427126.</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure Physician's Orders were followed for the administration of medications, related to</p>	R 0241	<p>the next six months.</p> <p>A summary of the audits will be presented to the Quality Assurance committee for review.</p> <p>By what date the systemic changes will be completed? February 19, 2024</p> <p>Crown Point Christian Village Complaint Survey 1/31/24 Please accept the following as the</p>	02/19/2024

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	<p>medications not administered as ordered, medications administered after they were discontinued, insulin not given per orders, and blood sugars not checked per orders, for 6 of 6 residents reviewed for medication administration. (Residents P, Q, G, R, F, and K)</p> <p>Findings include:</p> <p>1. Resident P's record was reviewed on 12/30/24 at 12:30 p.m. The Diagnoses included, but were not limited to, diabetes mellitus.</p> <p>The January 2024 Medication Administration Records (MARS), indicated an order for Humolog (insulin) 5 units at dinner time, Lantus (insulin) 15 units in the morning and at bedtime.</p> <p>There were no initials that indicated the Humolog 5 units was administered on January 4, 8, 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 22, and 23, 2024.</p> <p>There were no initials that indicated the Lantus 15 units was administered at 8 p.m. on January 27, 2024.</p> <p>2. Resident Q's record was reviewed on 12/30/24 at 12:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Physician's Order, dated 8/9/23, indicated the blood sugar was to be monitored before meals, and Novolog insulin was to be administered per the results of the blood sugar (sliding scale). The Novolog dosage was as follows: blood sugars 201-250 - 2 units of insulin, 251-300 - 4 units of insulin, 301-350 - 8 units of insulin, 351 and above 10 units of insulin and the Physician was to be notified.</p>		<p>facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>R 241 Health Services</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents affected were not identified, the facility has made corrective steps to ensure that all residents are not affected by the alleged deficient practice.</p> <p>Residents were assessed and no adverse effect reported from the alleged deficiency.</p> <p>Insulins were given and blood sugars checked per orders.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all residents.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will</p>	

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	<p>The January 2024 MAR, indicated 4 p.m. blood sugars on 1/13/24 of 256, 1/17/24 of 299, 1/23/24 of 218, and 1/28/24 of 202. There were no initials that indicated the Novolog insulin had been administered.</p> <p>3. Resident G's record was reviewed on 1/30/24 at 6:40 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>The Physician's Recapitulation orders, dated 1/2024, indicated Lantus insulin 30 units was to administered at bedtime, the blood sugars were to monitored four times a day and the sliding scale Humalog insulin orders for blood sugars we as follows: 150-179 - 1 units 180-209 - 2 units 210-239 - 3 units 240-269 - 4 units 270-299 - 5 units 300-329 - 6 units 330-359 - 7 units 360-400 - 8 units over 401, the Physician was to be notified</p> <p>The MAR, dated 1/2024, indicated the Lantus insulin had not been administered on 1/27/24.</p> <p>The Humalog insulin had not been administered at 7 a.m. on 1/27/24 with a blood sugar of 160 and on 1/29/24 with a blood sugar of 152. The blood sugar had not been documented on 1/30/24</p> <p>The Humalog insulin had not been administered at 11 a.m. on 1/30/24 with a blood sugar of 171.</p> <p>The Humalog insulin had not been administered at 4 p.m. on 1/23/24 with a blood sugar of 206, 1/26/24 with a blood sugar of 160, 1/28/24 with a</p>		<p>not recur?</p> <p>The Director of Wellness, Nurses and QMAs were re-educated on ensuring physician orders are followed for the administration of medications as ordered or discontinued.</p> <p>All Nurses/QMAs were educated about the importance of adding in the amount of insulin administered, location of where insulin was administered and initials of who gave insulin. Following sliding scale orders.</p> <p>All discontinued medications have been separated from the current medications.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>The Director of Wellness and/or designee will complete random audits twice weekly for six months to ensure compliance.</p> <p>A summary of the audits will be presented to the Quality Assurance committee for review.</p> <p>By what date the systemic changes will be completed?</p>	

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	<p>blood sugar of 168, and 1/29/24 with a blood sugar of 170.</p> <p>The Humalog insulin had not been administered at 8 p.m. on 1/23/24 with a blood sugar of 232, 1/26/24 with a blood sugar of 306, 1/27/24 with a blood sugar of 211, 1/28/24 with a blood sugar of 221, and 1/29/24 with a blood sugar of 216.</p> <p>4. Resident R's record was reviewed on 1/30/24 at 12:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>The Physician's Orders, dated 11/25/22, indicated sliding scale orders for Novolog insulin three times daily with meals. Blood sugars 100-200 received 5 units, 200-300 received 7 units, 300-400 received 10 units.</p> <p>The MAR, dated 1/2024, indicated the following blood sugars at 7 a.m. with no initials that indicated the Novolog insulin had been administered: 1/2/24 -161, 1/4/24 - 210, 1/6/24 - 151, 1/7/24 - 174, 1/8/24 0 144, 1/11/24 -185, 1/12/24 - 198, 1/13/24 - 174, 1/14/24 - 203, 1/18/24 - 219, 1/20/24 - 158, 1/21/24 - 169, 1/22/24 - 151, 1/23/24 - 167, 1/24/23 - 159, 1/25/24 - 171, 1/29/24 - 158.</p> <p>The MAR, dated 1/2024, indicated the following blood sugars at 11 a.m. with no initials that indicated the Novolog insulin had been administered: 1/2/24 - 299, 1/15/24 - 247, 1/18/24 - 165, 1/20/24 - 221, 1/21/24 - 301, 1/26/24 - 286, 1/27/24 - 241, 1/29/24 - 3220, and 1/30/24 - 254.</p> <p>The MAR, dated 1/2024, indicated the following blood sugars at 4 p.m. with no initials that indicated the Novolog insulin had been administered: 1/4/24 - 161 and 1/29/24 - 172. No blood sugar had been documented on 1/27/24</p>		February 19, 2024	

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	<p>The MAR, dated 1/2024, indicated the following blood sugar at at 8 p.m., and no initials that indicated the Novolog insulin had been administered, 1/7/24 - 225 and 1/8/24 - 224. No blood sugar had been obtained on 1/27/24</p> <p>5. Resident F's record was reviewed on 1/30/24 at 4:31 a.m. The diagnoses included, but were not limited to, traumatic subdural hemorrhage without loss of consciousness, falls, and diabetes mellitus.</p> <p>A Nurse's Progress Note, dated 12/29/23 at 3:30 p.m., indicated the resident returned to Assisted Living from a stay in the Rehabilitation Center.</p> <p>Physician's Orders, dated 12/1/23, indicated Breo Ellipta (inhaler for the lungs), 1 puff, was to be administered every morning.</p> <p>A Physician Order, dated 12/29/23, indicated clonidine (anti-anxiety) 0.1 milligram three times a day was to be discontinued.</p> <p>The MAR, dated 12/2023, indicated the Breo Ellipta had not been administered December 29, 30, and 31, 2023. The clonidine was administered at 5 p.m. on December 29 and 30, 2023.</p> <p>The MAR, dated 12/2023, indicated Symbicort (cortisone inhaler) was administered at 8 am and 5 p.m. on December 29, 20, and 31, 2023. There was no Physician's Order for the Symbicort upon return from the Rehabilitation Center.</p> <p>6. Resident K's record was reviewed on 1/30/24 at 8:46 a.m. The diagnoses included, but were not limited to, cerebral atherosclerosis and osteoarthritis. She returned to the Assisted Living from the Rehabilitation Center on 1/25/24.</p>			

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R 0349 Bldg. 00	<p>The transfer orders, dated 1/25/24, indicated acetaminophen 500 milligrams, 1 tablet was to be given four times a day.</p> <p>The MAR, dated 1/2024, indicated the acetaminophen 500 milligrams had not been administered four times a day as ordered from 1/25/25 through 1/30/24.</p> <p>During an interview on 1/30/24 at 12:39 p.m., the Assisted Living Manager indicated the medications had not been signed out as administered.</p> <p>This citation relates to Complaints IN00421819 and IN00427126.</p> <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 record review and interview, the facility failed to ensure the residents' medical records were complete and accurately documented, related to illegible signatures without titles of the staff who were documenting, and no signature sheet for the medication initials, for 6 of 14 medical records reviewed. (Residents P, Q, R, F, G and K)</p> <p>Findings include:</p>	R 0349	<p>Crown Point Christian Village Complaint Survey 1/31/24 Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p>	02/19/2024

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	<p>1) The Medication Administration Records for Residents P, Q, and R were reviewed on 1/30/24 at 12:30 p.m. There were no signatures that identified the staff's initials when a medication was administered.</p> <p>Resident F's record was reviewed on 1/30/24 at 4:36 a.m.. There were no signatures that identified the staff's initials when a medication was administered.</p> <p>Resident G's record was reviewed on 1/30/24 at 6:40 a.m. There were no signatures that identified the staff's initials when a medication was administered.</p> <p>2) Resident K's record was reviewed on 1/30/24 at 8:46 a.m.</p> <p>The signatures after the Nurses' Progress Notes were illegible and no title was included after the signature on the Nurses' Progress Notes, dated 9/16/23 at 7:30 p.m., 9/17/23 at 2 p.m., 9/24/23 at 8 p.m., 10/14/23 at 2:10 p.m., 11/21/23 at 2 p.m. -10 p.m., 12/13/23 at 8:30 a.m., and 12/14/23 no time documented.</p> <p>During an interview on 1/30/24 at 9 a.m., the Assisted Living Manager indicated she was unsure of whose signature it was after the progress notes. She indicated there were no titles documented after the signatures and no one had signed the signature page on the other side of the medication sheets to identify the staff members initialing the medication administration.</p> <p>This citation relates to Complaints IN00421819 and IN00427126.</p>		<p>R 349 Clinical Records</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents affected were not identified, the facility has made corrective steps to ensure that all residents are not affected by the alleged deficient practice.</p> <p>All records are being kept complete and accurate with legible signatures, initials and titles of the staff documenting.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all residents, but no other residents were identified.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>The Director of Wellness, Nurses and QMAs were re-educated on ensuring all records are kept complete and accurate with legible signatures and titles of the staff</p>	

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 01/31/2024
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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			<p>documenting.</p> <p>A key was made to identify individuals who pass medications with their signature and initials. The key was placed in the front of all MAR's.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>The Director of Wellness and/or designee will complete random audits twice weekly for six months to ensure compliance.</p> <p>A summary of the audits will be presented to the Quality Assurance committee for review.</p> <p>By what date the systemic changes will be completed?</p> <p>February 19, 2024</p>	