

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 01/19/2023
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00396569.</p> <p>Complaint IN00396569 - Substantiated. Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Survey date: January 19, 2023</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Census Bed Type: SNF/NF: 77 SNF: 19 Residential: 28 Total: 124</p> <p>Census Payor Type: Medicare: 19 Medicaid: 57 Other: 20 Total: 96</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/20/23.</p>	F 0000		
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Megan Diaz	RN DON	02/01/2023

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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	<p>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, record review, and interview, the facility failed to ensure food was served in accordance with professional standards for food service safety, related to a beard restraint not used while serving food from a steam table for the noon meal. This had the potential to affect the 95 residents who are served meals from the facility's kitchen. (Employee 1)</p> <p>Finding includes:</p> <p>During an observation of the serving of the noon meal on 1/19/23 at 11:22 a.m., Employee 1 was standing at the steam table assisting with the serving of the meal. He had a mask on which was not covering his beard. There was no hair restraint covering his beard.</p> <p>During an interview at the time of the observation, Employee 1 indicated a beard hair restraint should have been utilized.</p>	F 0812	<p><b>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance. Please consider this plan of correction as Crown Point Christian Village's credible plan of correction.</b></p>	01/20/2023

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	<p>During an interview on 1/19/23 at 12:20 p.m., the Assistant Director of Nursing indicated there were 95 residents who received their meals from the kitchen.</p> <p>A Professional Resource, titled, "Retail Food Establishment Sanitation Requirements", dated 11/13/04, indicated beard restraints were to be worn to keep hair from contacting exposed food.</p> <p>This Federal tag relates to Complaint IN00396569.</p> <p>3.1-21(i)(3)</p>		<p><b>This plan of correction constitutes a written allegation of substantial compliance under Federal and Medicare requirements. Please accept this as evidence in lieu of an onsite post survey revisit for recertification and state licensure.</b></p> <p><b>F812 Food Procurement, Store/Prepare/Serve-Sanitary 483.60 (i)(1)(2)</b></p> <p><b>Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice:</b></p> <p>On 1/29/2023 at 12pm, Employee 1 was educated on wearing hair restraint to cover his beard while at the steam table.</p> <p><b>How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken:</b></p> <p>On 1/19/2023, the Director of Nursing identified all Residents who were served lunch on 1/19 when Employee 1 was at the steam table have the potential to be affected by the alleged deficient practice. The identified Residents were without signs or symptoms of GI upset since 1/19/2023.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient</b></p>	

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			<p><b>practice does not recur:</b> The Dietary Supervisor will give one on one education to Employee 1 including wearing a hair restraint on his beard. The Dietary Supervisor or Designee will also re-educate all dietary staff including wearing hair restraints per policy.</p> <p><b>How the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place):</b> The Dietary Supervisor or designee will complete daily audits for four (4) weeks, then three (3) times per week for four (4) weeks, then two (2) times per week for sixteen (16) weeks to ensure staff are wearing hair restraints at the steam table. The audits will be brought to the monthly QAPI meeting for review, any further review, and any recommendations.</p> <p><b>By what date the systemic changes for the alleged deficiency will be completed:</b> January 20, 2023</p>	