

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 03/18/2015
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NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 831 SWOPE STREET GREENFIELD, IN 46140
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R 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Date of Survey: March 16,17,18, 2015</p> <p>Facility number: 012798 Provider number: 012798 AIM number: N/A</p> <p>Survey Team: Angie Stallsworth, RN, TC Karina Gates, Generalist Beth Walsh, RN Tom Stauss, RN</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Census Payor Type: Medicaid: 16 Other: 28 Total: 44</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 20, 2015 by Cheryl Fielden, RN.</p>	R 000		
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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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R 033 Bldg. 00	<p>410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following:</p> <p>(1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility.</p> <p>(2) The most recently known addresses and telephone numbers of the following:</p> <p>(A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services.</p> <p>The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate.</p> <p>Based on observation and interview, the facility failed to ensure addresses of the following agencies/offices were posted in a resident accessible area: Office of the Secretary of Family and Social Services, Ombudsman, Area Agency on Aging, a local mental health center, and Adult Protective Services. The facility also</p>	R 033	Citation R0033 Submission of this Plan of Correction shall not constitute or be constructed as an admission by CrownPointe of Greenfield, or any of its employees, that the allegations contained in this survey report, are accurate or reflect accurately the provisions of the services to the Residents of	03/20/2015

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	<p>failed to ensure the phone number and address of the Indiana State Department of Health were readily accessible to residents. This had the potential to affect 44 residents residing in the facility.</p> <p>Findings include:</p> <p>During a random observation, on 3/17/15 at 9:35 a.m., the agency posting that displayed the phone numbers for the Office of the Secretary of Family and Social Services, Ombudsman, area agency on aging, local mental health center, and the Adult Protective Services was noted above the resident mailboxes. There were no addresses listed for the above agencies. The phone number for the Indiana State Department of Health (ISDH) was for the county health department and there was no address listed for ISDH.</p> <p>During an environmental tour with the Business Office Manager (BOM), on 3/17/15 at 2:39 p.m., the BOM indicated during an interview, she did not see any addresses's listed for the above agencies.</p> <p>On 3/18/15 at 9:40 a.m., the Executive Director indicated addresses/phone numbers for the agencies should be posted in a resident accessible area.</p>		<p>CrownPointe of Greenfield.</p> <p>1.) The Executive Director placed signage up at a wheelchair accessible height regarding the most recently known addresses and contact information including current phone numbers for: Indiana State Department of Health, The Office of the Secretary of Family and Social Services, The designated Ombudsman by the division of disability, aging and rehabilitation services, Area Agency on Aging, Hancock County (the local) Mental Health Center and Adult Protective Services. The Indiana State Regulation R033, Resident Rights. Residents were re-educated as to the location of signage regarding state agency contact information and CrownPointe of Greenfield grievance process during a resident council meeting on March 20th, 2015 at 1pm.</p> <p>2) No residents were found to be affected.</p> <p>3) The CrownPointe of Greenfield employees including Executive Director and Business Office Manager were re-educated to the Indiana State Regulation R033 410 T 1AC16. 2-5 – 1.2(h) (1-2) Residents Rights. The Business Office Manager and or designee will be responsible to ensure continued compliance with the above citation.</p> <p>4) The Business Office Manager or designee will perform weekly walking rounds of the residence to</p>				

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R 273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was covered in the refrigerator and dry storage area, and to ensure a kitchen employee with a beard wore a beard restraint while preparing food in the kitchen. This had the potential to affect 44 residents in the kitchen.</p> <p>Findings include:</p> <p>A tour of the kitchen was conducted with the DM (Dietary Manager) on 3/16/15, at 11:30 a.m. Cook #2 was observed with a beard and no beard cover.</p> <p>The refrigerator contained 1 pitcher of</p>			R 273	<p>ensure the community has posted signage of State agency contact information at wheel chair height for a period of three months. Findings will be reviewed through our CrownPointe of Greenfield QA process after three months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. 5) March 20, 2015</p> <p>Citation R023 Submission of this Plan of Correction shall not constitute or be constructed as an admission by CrownPointe of Greenfield, or any of its employees, that the allegations contained in this survey report, are accurate or reflect accurately the provisions of the service to the Residents of CrownPointe of Greenfield.</p> <p>1. No residents were found to be affected. The Executive Director and Dietary Manager in serviced all CrownPointe employees by re-education to our policy and procedures, which including but was not limited to, proper storage of food in the dry stock room, proper storage of liquids in the refrigerator and the donning of</p>		03/19/2015

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	<p>lemonade, 1 pitcher of grape juice, 1 pitcher of cranberry juice, 1 pitcher of orange juice, 1 pitcher of apple juice, and 1 pitcher of tea. None of the pitchers had lids, leaving the drinks uncovered and exposed to air.</p> <p>A box of sugar was observed in the dry storage area. The sugar was not covered or contained, freely exposed to air. A pair of boots was observed next to the box of open sugar.</p> <p>On 3/17/15, at 9:45 a.m., during an observation with the DM, Cook #2 was observed chopping onions in the kitchen. He had a mustache and facial hair on his chin. He was not wearing a beard restraint.</p>		<p>hair nets and beard guards. On March 19th, 2015 at 2pm.</p> <p>2. Noresidents were found to be affected by this deficiency.</p> <p>3. All dietary employees and non-dietary employees were re-educated via in service tour policy and procedures regarding proper storage of food in the dry stockroom, proper storage of liquids in the refrigerator and the donning of hairnets and beard guards. The Dietary Manager and or Designee will be responsible to ensure continued compliance with Indiana State Regulation R0273 410 IAC 16.2- 5 – 5.1 (f). Food and Nutritional Services.</p> <p>4. The Dietary Manager and or Designee will perform on-going random weekly reviews to include all three meals of staff adherence to donning of hair nets and beardguards, proper storage and securing of liquids in the refrigerator and proper storage of food and food products in the dry stock room. As indicated within our policy and procedure for a period of six months, monthly for three months and quarterly thereafter. Audits will be reviewed through our CrownPointe of Greenfield QA process to ensure continuing compliance or further action if warranted.</p> <p>5. March 19th, 2015</p>				