STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING POINTE OF FRANKLIN	75 S MILFORD DR, FRANKLIN, , 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: October 2 and 3, 2024 Facility number: 002858 Residential Census: 39 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed October 7, 2024.	R 0000		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (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 follows: (1) Each facility shall establish and	R 0148	**1** What corrective action will be accomplished for those residents found to have been affected by the deficient practice? **The doorknob on the Memory Care housekeeping closet and storage room have been replaced with keypad locks. The doors will now automatically lock when closed. This task was**	10/25/2024

implement a written program for maintenance to ensure the continued upkeep of the facility.

(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.

(3) All plumbing shall function properly and comply with state plumbing codes.

(4) At least yearly, heating and ventilating systems shall be inspected.

Based on observation, interview, and record review, the facility failed to ensure an environment free of accident hazards for 2 of 2 areas observed. Chemicals and electrical wires were not secured. (Memory Care Unit, 100 Hall)

Findings include:

1. On 10/2/24 at 9:10 a.m., during an initial tour on the locked memory care unit, observed an unlocked storage room. The following items were observed in the unlocked room:

- One gallon of Ecolab limeway (delimer) with a label indicating: "Danger: causes severe skin burns and damage to eyes...keep out of reach."

completed by the Maintenance Director, Nathan Bishop, on 10/2/2024.

2
How will the facility identify other residents
having the potential to be affected by the same deficient practice and what
corrective action will be taken?
**All housekeeping closets in the facility
were audited for proper storage of chemicals and the doorknob key locks were replaced with a key pad lock that will automatically lock when closed.
Completed by Nathan Bishop, the Maintenance Director, on 10/2/2024.**

3
What measures will be put into place or what
systemic changes will the facility make to ensure that the deficient practice
does not recur? **All storage closets containing chemicals that had doorknob
key entry locks have been replaced with key pad locks.
Education provided to
all staff by Tristan Pruitt, Executive Director, on the deficiency findings, replacement of key entry**

- One gallon of liquid spic and span (disinfecting all purpose glass cleaner) the container was three fourths of the way full. A review of the label on the container indicated causes serious eye irritation and keep out of reach.

- A spray bottle three fourths of the way full containing a blue liquid. The bottle was written on with black marker "spic and span."

During an interview at that that time, the DON indicated the door should have been locked.

On 10/3/24 at 8:40 a.m., the Executive Director provided a document indicating 8 of 9 residents that reside on the Memory Care unit were self mobile and cognitively impaired.

2. On 10/2/24 at 9:20 a.m.,during an initial tour on the assisted living unit an unlocked storage room on the 100 hall next to Room 117 was observed. The door was easily opened. The following was observed inside the unlocked room:

- The back wall of the room was covered with multiple loose hanging electrical wires.

- Four breaker panel boxes (a box that contains circuit breakers that control the flow of electricity), was also noted on

locks with key pad locks and proper storage of chemicals. Education will be completed by 10/25/2024. The doorknob on the Memory Care housekeeping and storage closets have been replaced with key pad locks. The doors will now automatically lock when closed. This was completed by the Maintenance Director, Nathan Bishop, on 10/2/2024.

4
How will the corrective action be monitored to ensure the deficient practice will not recur?

The Maintenance Director or designee will audit all storage closets to verify chemicals are secured behind the locked door daily x4 weeks, twice weekly x 4 weeks, then weekly x4 weeks to ensure compliance met.

5
By what date will the systemic changes be completed? **10/25/2024**

the back wall of the room.

During an interview at that that time, the DON indicated the door should have been locked and secure.

On 10/3/24 at 8:40 a.m., the Executive Director provided a document indicating 8 of 30 residents that reside on the Assisted Living were self mobile and cognitively impaired.

On 10/3/24 at 8:40 a.m., the Executive Director indicated the facility did not have a policy regarding keeping the door locked that contained the loose electrical wires and the breaker panel box. The facility followed state regulations.

On 10/3/24 at 8:40 a.m., the Director of Nursing provided a policy titled Dietary Program Policies and Procedures, Policy 303- Non-Food-Storage dated 7/1/13, and indicated it was the current policy being used by the facility. A review of the policy indicated, "...2. Chemical and toxic products must be stored in a separate closet, closed cabinet or outside of the kitchen area." The policy lacked documentation indicating chemicals and toxic products are to be in a secured area.

Based on observation, interview, and record review, the facility failed to ensure an environment free of accident

hazards for 2 of 2 areas observed. Chemicals and electrical wires were not secured. (Memory Care Unit, 100 Hall)

Findings include:

1. On 10/2/24 at 9:10 a.m., during an initial tour on the locked memory care unit, observed an unlocked storage room. The following items were observed in the unlocked room:

- One gallon of Ecolab limeway (delimer) with a label indicating: "Danger: causes severe skin burns and damage to eyes...keep out of reach."

- One gallon of liquid spic and span (disinfecting all purpose glass cleaner) the container was three fourths of the way full. A review of the label on the container indicated causes serious eye irritation and keep out of reach.

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- The back wall of the room was covered with multiple loose hanging electrical wires.

- Four breaker panel boxes (a box that contains circuit breakers that control the flow of electricity), was also noted on the back wall of the room.

During an interview at that that time, the DON indicated the door should have been locked and secure.

On 10/3/24 at 8:40 a.m., the Executive Director provided a document indicating 8 of 30 residents that reside on the Assisted Living were self mobile and cognitively impaired.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE