

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER CROWN POINTE OF GREENSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1034 CROWN POINTE BLVD, GREENSBURG, , 47240			
(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 the Investigation of Intake 470386. Intake 470386 - State deficiencies related to the allegations are cited at R0052. Unrelated findings cited. Survey date: July 21, 2026 Facility number: 011914 Residential Census: 33 These deficiencies reflect State Findings cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-3.1. Quality review completed on July 24, 2026.	R 0000			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse.	R 0053		07/27/2026	

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Based on interview and record review, the facility failed to ensure a resident was free of verbal abuse of a staff member yelling and cursing at a resident for 1 of 3 residents reviewed for resident rights. (Resident B)

Findings include:

During an interview, on 07/21/2026 at 9:15 A.M., Resident B indicated about a month ago Qualified Medical Assistant (QMA) 2 refused to assist her to transfer into her wheelchair to go outside and smoke. The QMA 2 cursed and screamed in her face so close she could feel the QMA's breath on her skin. QMA 2 told Resident B she wasn't like the other aides, and she was not going to help her.

A Written Statement, dated 06/18/2026, indicated Resident C heard yelling through the wall from Resident B's room. She heard QMA 2 yell, "I'm never taking you out again" followed by more yelling and the room door slammed.

A Written Statement, dated 06/19/2026, indicated QMA 2 advised Resident B that she would rather not take Resident B outside to smoke. Resident B became upset and started yelling, so she left the room and

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	came back 30 minutes later and then took the resident outside. QMA 2 indicated "there may have been some yelling." During an interview, on 07/21/2026 at 11:51 A.M., the Administrator indicated Resident C had come to her upset that she heard QMA 2 being verbally abusive by screaming and yelling at Resident B in the apartment next to hers. After investigating QMA 2 was terminated from the facility. Staff were never permitted to yell at residents nor refuse to provide assistance. The clinical record for Resident B was reviewed on 07/21/2026 at 10:19 A.M. The resident's diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disease (a progressive, incurable lung disease that causes restricted airflow and severe breathing difficulties), depression (a mood disorder characterized by persistent sadness, loss of interest, and a lack of energy), and anxiety (persistent, excessive, and uncontrollable worry or fear). The current facility policy titled, "Team Member Handbook", was provided by the Administrator on 07/21/2026 at 10:10 A.M. The policy indicated, " ... Any form of abuse, neglect, or exploitation			
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	of residents is prohibited and will not be toleratedabuse is any act, failure to act, or incitement to act done willingly, knowingly, or recklessly through words or physical action that causes or could cause mental or physical injury..." This citation relates to Intake 470386.			
R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on record review and interview, the facility failed to ensure misappropriation of resident's property did not occur for 1 of 3 residents reviewed for misappropriation. (Resident D) Findings include: The clinical record for Resident D was reviewed on 07/21/2026 at 1:20 P.M. The resident's diagnoses included, but were not limited to, depression (a mood disorder characterized by persistent sadness, loss of	R 0064		07/27/2026

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interest, and a lack of energy) and anxiety (persistent, excessive, and uncontrollable worry or fear).

During an interview, on 07/21/2026 at 9:49 A.M., Resident D indicated he had given his personal credit card to Qualified Medical Assistant (QMA) 3 about a month ago and asked her to pick up some fresh fruit for him since he was unable to go to the grocery store alone. QMA 3 had spent money on her own personal belongings with his credit card and charged her phone bill to his card. Resident D contacted the police reporting the card stolen.

A Police Report, dated 07/04/2026, indicated Resident D reported a card stolen by QMA 3. The police went to QMA 3's personal address and retrieved the resident's missing card from the QMA. The card was returned to Resident D.

During an interview, on 07/21/2026 at 11:31 A.M., Certified Nursing Assistant (CNA) 4 indicated staff were never allowed to accept money or personal belongings from residents.

During an interview, on 07/21/2026 at 11:51 A.M., the Administrator indicated Resident D reported to her that QMA 3 had his credit card and was

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using it for her own personal use. She contacted the police. The facility staff were never allowed to take money or credit cards from residents. The staff member was terminated for misappropriation of resident property.

The current undated facility policy titled, "Assisted Living Policy and Procedure Manual", was provided by the Administrator on 07/21/2026 at 3:45 P.M. The policy indicated, "... No items of value will be entrusted to the community for safe keeping, and no cash or other moneys will be entrusted to the community..."

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