

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 07/18/2025	
NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF ANDERSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 CROWNPOINTE CIRCLE, ANDERSON, , 46012					
(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: July 17 and 18, 2025 Facility number: 012129 Residential Census: 44 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 21, 2025.	R 0000	Submission of this plan of correction shall not constitute or be construed as an admission by CrownPointe of Anderson, that the allegations contained in this survey report are accurate or reflect accurately the provision of service to residents of CrownPointe of Anderson. A corrective action is in place immediately. In-services will be held starting immediately to train all staff members on the updated policies. All staff have been educated via in-service regarding updated policies or any changes. Staff received direction and instruction on completing in-service . All identified concerns will be logs, tracked, and monitored by facility representative with tracking forms .				
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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	R 0273	For the residents found to be affected by the deficient practice and all other residents with the potential to be affected the facility. The plan of correction will include Array Dish Machine ,sanitizer Test and Procedures, log tracking, monitoring, education and in service training for dietary manager and all dietary Department staff .			07/28/2025	

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

FORM APPROVED

OMB NO. 0938-0391

standards, including 410 IAC 7-24.

Based on observation, interview, and record review, the facility failed to ensure dishwasher final rinse sanitation was effective. This deficient practice had the potential to impact 44 of 44 residents who received meals from the kitchen.

Findings include:

During a dishwasher operations observation on 7/17/25 at 10:00 a.m., the Dietary Manager indicated the dish washer operated using sanitizer in the final rinse for the purpose of sanitizing the dishware. She indicated she did not have test strips to test the chemical composition of the sanitizer in the final rinse of the dish washer cycle. Test strips should be used for the final rinse to check for chemical levels. She did not know how many days the facility had been without test strips. The facility did not have a log for monitoring dishwasher sanitizer levels.

An undated facility documents titled, "Sanitizer Test Procedures", which was provided by the DON on 7/18/25 at 10:56 a.m., indicated the following:

"...At the end of the rinse cycle, dip strip of test paper into the final rinse water from the

Education provided to staff in the form of in-service .The Administrator or designee will check and follow-up as needed. Have created a new Kitchen audit tool for Test striping on the water. Will track and review on a weekly, bi-weekly and Monthly basis for 6 months . The dietary manager and dietary staff has been educated on procedures on audit tool and in-service has been added .

dishmachine. Chlorine papers are 'dip blot and read at once.'
... Be sure to use only chlorine test strips. Test Paper Reading- 50-100 ppm (parts per million)...."

Based on observation, interview, and record review, the facility failed to ensure dishwasher final rinse sanitation was effective. This deficient practice had the potential to impact 44 of 44 residents who received meals from the kitchen.

Findings include:

During a dishwasher operations observation on 7/17/25 at 10:00 a.m., the Dietary Manager indicated the dish washer operated using sanitizer in the final rinse for the purpose of sanitizing the dishware. She indicated she did not have test strips to test the chemical composition of the sanitizer in the final rinse of the dish washer cycle. Test strips should be used for the final rinse to check for chemical levels. She did not know how many days the facility had been without test strips. The facility did not have a log for monitoring dishwasher sanitizer levels.

An undated facility documents titled, "Sanitizer Test Procedures", which was provided by the DON on 7/18/25 at 10:56 a.m., indicated the

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

following:

"...At the end of the rinse cycle, dip strip of test paper into the final rinse water from the dishmachine. Chlorine papers are 'dip blot and read at once.' ... Be sure to use only chlorine test strips. Test Paper Reading- 50-100 ppm (parts per million)...."

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