STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF LEBANON	610 CROWNPOINTE DRIVE, LEBANON, , 46052

(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. This visit included the Investigation of Complaint IN00407795. Complaint IN00407795 - No deficiencies related to the allegations are cited. Survey dates: June 26, 27 and 28, 2023 Facility number: 013582 Residential Census: 52 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on July 6, 2023.	R 0000	Preparation and or execution of This Plan of Correction in general or any correct set forth herein, in particular, does not constituent admission or agreement by CrownPointe of the facts alleged or the conclusion set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because the provisions of the Federal and State/laws. CrownPointe desires the Plan of Correction to be considered the facility's allegation of compliance.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving	R 0273	R 273 1.) All dietary staff in-serviced/re-educated on labeling of prepared food, with name of the	07/21/2023

	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. Based on observation, interview and record review, the facility failed to label prepared food with the name of the food and the date prepared, failed to ensure packaging was closed in the storage area, and failed to ensure open dates were on items in storage. This deficient practice had the potential to affect 52 of 52 residents who receive food from the kitchen. Findings include: 1. During the kitchen tour, on 06/26/27 beginning at 9:20 a.m., the following items were observed: a. A small rectangular plastic container of a brown colored substance with white specks was found in the walk-in cooler. It did not have a label to identify what it was, and it did not have a date to indicated when it had been prepared. The lid was noted to be askew and not properly covering the substance, leaving it open to air in the cooler. During an interview, on 06/26/27 at 9:38 a.m., the Dietary Manager indicated it was tuna fish. She indicated the container		food, date prepared, ensuring packaging is closed and open dates on all items in storage. 2.) All residents have the potential to be affected. 3.) Dietary Manager and/or Executive Director will monitor daily X2 months, then weekly X4 months on all labeling of prepared food, with name of food, date prepared, all packaging is closed properly and open dates/used by date on all items in storage to ensure on-going compliance. Dietary department is overseen by a registered dietitian which visits regularly as required by state. 4.) Executive Director and/or Dietary Manager will report to the Quality Assurance Committee with any concerns on labeling of prepared food, with name of food, date prepared, all packaging is closed tightly and open dates/use by date on all items in storage to ensure on-going compliance. 5.) 7/21/2023	

	held about six (6) sandwiches worth of tuna fish. There should have been a label and date on the container. b. A five (5) pound plastic container of Protein Salad was found open and undated in the walk-in cooler. During an interview, on 06/26/27, the Dietary Manager indicated it was not dated when it was opened and should have been. c. A five (5) pound bag of uncooked elbow macaroni was open and undated on the dry goods storage shelf. d. A small bag of cornbread mix was found open and undated on the dry goods storage shelf. During an interview, the Dietary Manager indicated the items should have been dated with an open date and closed/sealed in storage. A facility document, titled "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS," effective 11/13/2004 was provided by the Corporate Support Nurse on 06/27/23 at 12:45 p.m., indicated "...Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or			

potential contaminants...Food packaged...shall be labeled...Label information shall include the following...the common name of the food...."

Based on observation, interview and record review, the facility failed to label prepared food with the name of the food and the date prepared, failed to ensure packaging was closed in the storage area, and failed to ensure open dates were on items in storage. This deficient practice had the potential to affect 52 of 52 residents who receive food from the kitchen.

Findings include:

1. During the kitchen tour, on 06/26/27 beginning at 9:20 a.m., the following items were observed:

a. A small rectangular plastic container of a brown colored substance with white specks was found in the walk-in cooler. It did not have a label to identify what it was, and it did not have a date to indicated when it had been prepared. The lid was noted to be askew and not properly covering the substance, leaving it open to air in the cooler.

During an interview, on 06/26/27 at 9:38 a.m., the Dietary Manager indicated it was tuna fish. She indicated the container held about six (6) sandwiches

worth of tuna fish. There should have been a label and date on the container.

b. A five (5) pound plastic container of Protein Salad was found open and undated in the walk-in cooler.

During an interview, on 06/26/27, the Dietary Manager indicated it was not dated when it was opened and should have been.

c. A five (5) pound bag of uncooked elbow macaroni was open and undated on the dry goods storage shelf.

d. A small bag of cornbread mix was found open and undated on the dry goods storage shelf.

During an interview, the Dietary Manager indicated the items should have been dated with an open date and closed/sealed in storage.

A facility document, titled "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS," effective 11/13/2004 was provided by the Corporate Support Nurse on 06/27/23 at 12:45 p.m., indicated "...Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants...Food

	packaged...shall be labeled...Label information shall include the following...the common name of the food...."			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of	R 0274	R 274 1.) Immediately scheduled testing for the Dietary Manager to complete Serve-Safe Manager Course for her Certification for the facility dietary manager position. Facility retains a contract with a Registered Dietitian to oversee our dietary manager/department. 2.) All residents have the potential to be affected. 3.) Executive Director will ensure whomever holds the position of Dietary Manager is Serve-Safe/Manager Certified for on-going compliance. Current dietary manager completed/passed Serve-Safe/Managers course on 7/13/2023. 4.) Executive Director will monitor renewal of Serve Safe re-certification to ensure on-going compliance. Executive Director will report any concerns to the Quality Assurance Committee. 5.) 7/21/2023	07/21/2023

	experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation. Based on record review and interview, the facility failed to employ a staff member who was trained in food service and management to work in the facility kitchen. This deficient practice had the potential to affect 52 of 52 residents who receive food from the facility. Finding includes: The employee records were reviewed on 06/27/23. Documentation related to a Safe Serve Certification was requested of the facility as part of the employee record review. The facility was unable to provide the Safe Serve Certification. During an interview, on 06/27/23 at 12:50 p.m., the Executive Director indicated the Dietary Manager did sign up to take the			

	Safe Serve Certification (a food handlers' course) but she did not complete it. During an interview, on 06/28/23 at 8:38 a.m., the Executive Director indicated the facility did not have a Safe Serve Certified staff member and they should have, the facility did not have a policy and they follow state regulations. Based on record review and interview, the facility failed to employ a staff member who was trained in food service and management to work in the facility kitchen. This deficient practice had the potential to affect 52 of 52 residents who receive food from the facility. Finding includes: The employee records were reviewed on 06/27/23. Documentation related to a Safe Serve Certification was requested of the facility as part of the employee record review. The facility was unable to provide the Safe Serve Certification. During an interview, on 06/27/23 at 12:50 p.m., the Executive Director indicated the Dietary Manager did sign up to take the Safe Serve Certification (a food handlers' course) but she did not complete it. During an interview, on 06/28/23			

	at 8:38 a.m., the Executive Director indicated the facility did not have a Safe Serve Certified staff member and they should have, the facility did not have a policy and they follow state regulations.			
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff. Based on observation, interview and record review, the facility failed to ensure medications were set up and/or administered by a licensed or certified staff member for 2 of 5 residents reviewed for medication administration. (Resident 200 and 300) Findings include: 1. During the medication administration observation, on 06/26/23 at 11:46 a.m., QMA 2 was observed to prepare Lasix (a diuretic) 20 milligrams (mg) x 1, a probiotic x 1, acetaminophen 325 mg x 1, vitamin D 2000 units x 1, healthy eye capsules x 2 and tramadol (a pain reliever) 50 mg x 1. She then handed all the	R 0296	R 296 1.) Immediately in-serviced/re-educated all Nurses and QMA's. Reviewed all job descriptions and scope of practice/medication assistance to ensure on-going compliance. Director of Nursing completed an audit for all residents for "correct medication self-administration assessments". All residents service plans reviewed/updated as indicated. 2.) All residents have the potential to be affected. 3.) Director of Nursing/Designee will complete mini-mental status exam and medication self-administration assessments to determine appropriate cognition for self-administration of medications. Director of Nursing will monitor weekly X8 weeks, then monthly X4 months for residents that have received physician's order for self-administration of medications.	07/21/2023

	medications to Resident 200. Resident 200 placed all the pills in a small round container with a lid and left the area with her medications. During an interview, on 06/26/23 at 11:48 a.m., QMA 2 indicated Resident 200 was able to self-administer her medications. The record for Resident 200 was reviewed on 6/26/23 at 1:47 p.m. Diagnoses included, but were not limited to, left eye blindness, macular degeneration of the eyes, and osteoarthritis of the knee. A current service plan, dated April 2023, indicated Resident 200 was unable to take medications unless administered by someone else. The service plan was signed by Resident 200 and the Director of Nursing. An assessment to self-administer medications was not found in the record at the time of the review. During an interview, on 06/26/23 at 1:41 p.m., the Director of Nursing indicated Resident 200 did not have an assessment to self-administer medications. 2. During the medication administration observation, on 06/26/23 at 11:49 a.m., QMA 2 was observed to set the insulin dose in two separate pens, due		4.) Director of Nursing/Designee will complete audits of physician's orders to ensure ongoing compliance and that appropriate self-administration of medication orders are in place and up to date. Director of Nursing/Designee will report to the Quality Assurance Committee any concerns on self-administration of medications. 5.) 7/21/2023	

to one pen was low on medication. She set one Novolog pen (an insulin) to 2 units and the other Novolog pen to 12 units. The QMA indicated she did not administer the medications; she just sets the dose on the pen. She was not observed to prime the needles of either pen. When asked about priming the needles, she was not able to respond. She did indicate she was not qualified to administer insulin. She handed the insulin pens to the resident and the resident injected the medication.

The record for Resident 300 was reviewed on 06/26/23 at 2:11 p.m. Diagnoses included, but were not limited to, diabetes, hypertension, and acute and chronic respiratory failure.

The resident did have a self-administration assessment for insulin only.

The QMA certification for QMA 2 was reviewed, on 06/26/23, as part of the employee record review. The certification did not include insulin administration.

A current policy, titled "Medication Self-Administration/Administration/Storage," undated and received from the Director of Nursing on 06/28/23 at 10:27 a.m., indicated "...It is the policy of this facility to honor the

resident's right to self-administer medications upon the request of the resident the licensed nurse will assess residents and have resident demonstrate the ability to safely execute this task...The self-administration assessment is done before admission, at the same time the prospective resident evaluation is done...Insulin pens are to be used per manufacturer guidelines...."

A document, titled "Instructions for Use Novolog...FlexTouch Pen," undated and provided by the Director of Nursing on 06/28/23 at 10:42 a.m., indicated "...Step 7...Turn the dose selector to select 2 units...Step 9...Hold the Pen with the needle pointing up. Press and hold in the dose button until the dose counter shows "0"...The "0" must line up with the dose pointer...A drop of insulin should be seen at the needle tip...Step 10...Turn the dose selector to select the number of units you need to inject...."

A document, titled "QUALIFIED MEDICATION AIDE Scope of Practice," undated and provided by the Director of Nursing on 06/28/23 at 10:27 a.m., indicated "...Administer regularly prescribed medication which the QMA has been trained to administer only after personally preparing (setting up) the

	medication to be administered...." Based on observation, interview and record review, the facility failed to ensure medications were set up and/or administered by a licensed or certified staff member for 2 of 5 residents reviewed for medication administration. (Resident 200 and 300) Findings include: 1. During the medication administration observation, on 06/26/23 at 11:46 a.m., QMA 2 was observed to prepare Lasix (a diuretic) 20 milligrams (mg) x 1, a probiotic x 1, acetaminophen 325 mg x 1, vitamin D 2000 units x 1, healthy eye capsules x 2 and tramadol (a pain reliever) 50 mg x 1. She then handed all the medications to Resident 200. Resident 200 placed all the pills in a small round container with a lid and left the area with her medications. During an interview, on 06/26/23 at 11:48 a.m., QMA 2 indicated Resident 200 was able to self-administer her medications.			

The record for Resident 200 was reviewed on 6/26/23 at 1:47 p.m. Diagnoses included, but were not limited to, left eye blindness, macular degeneration of the eyes, and osteoarthritis of the knee.

A current service plan, dated April 2023, indicated Resident 200 was unable to take medications unless administered by someone else. The service plan was signed by Resident 200 and the Director of Nursing.

An assessment to self-administer medications was not found in the record at the time of the review.

During an interview, on 06/26/23 at 1:41 p.m., the Director of Nursing indicated Resident 200 did not have an assessment to self-administer medications.

2. During the medication administration observation, on 06/26/23 at 11:49 a.m., QMA 2 was observed to set the insulin dose in two separate pens, due to one pen was low on medication. She set one Novolog pen (an insulin) to 2 units and the other Novolog pen to 12 units. The QMA indicated she did not administer the medications; she just sets the dose on the pen. She was not observed to prime the needles of either pen. When asked

about priming the needles, she was not able to respond. She did indicate she was not qualified to administer insulin. She handed the insulin pens to the resident and the resident injected the medication.

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The resident did have a self-administration assessment for insulin only.

The QMA certification for QMA 2 was reviewed, on 06/26/23, as part of the employee record review. The certification did not include insulin administration.

A current policy, titled "Medication Self-Administration/Administration/Storage," undated and received from the Director of Nursing on 06/28/23 at 10:27 a.m., indicated "...It is the policy of this facility to honor the resident's right to self-administer medications upon the request of the resident the licensed nurse will assess residents and have resident demonstrate the ability to safely execute this task...The self-administration assessment is done before admission, at the same time the prospective resident evaluation is

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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