STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF PORTLAND	745 PATRIOT DRIVE, PORTLAND, , 47371

(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: 8/16/2023 and 8/17/2023 Facility number: 014090 Residential Census: 15 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 22, 2023.	R 0000		
R 0042	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(p) (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. Based on observation, record	R 0042	1. This deficiency found that the facility failed to ensure the survey results binder included the results of a complaint survey completed on January 23rd for 1 of 1 state survey results binder reviewed. There were no residents harmed by this deficiency. 2. There were no residents harmed by this deficiency. To ensure potential residents are not affected	09/04/2023

	review, and interview, the facility failed to ensure the survey results binder included the results (the 2567 report from the Indiana Department of Health) of a complaint survey completed in January 2023, for 1 of 1 state survey results binder reviewed. Findings include: During an observation, on 8/16/23 at 11:33 a.m., a binder labeled "ISDH State Survey Binder," included a letter from the Indiana Department of Health that indicated the facility's plan of correction from a complaint survey, completed on 1/10/23, had been approved. The binder did not include the report (2567) of the official written deficiencies from the complaint survey or what the facility's plan of correction entailed. During a follow-up observation on 8/17/23 at 8:00 a.m., the state survey binder did not contain the 2567 or the facility's plan of correction related to the deficiencies cited from the complaint survey completed on 1/10/23. During an interview, on 8/17/23 at 1:00 p.m., the Administrator indicated they did not have a policy related to their state survey results binder being kept updated with the results and plans of corrections of the most		by this deficiency, the facility looked up all the past survey results and updated the survey results binder with the 2567 report from the past surveys that were completed on the facility. Any surveys that are not in the survey results binder will be printed out and placed in the proper spot in the binder. 3. The facility will make sure that all future survey results (2567) are placed in the survey results binder for all the residents and visitors to see. 4. The Administrator and/or designee will monitor monthly to ensure that the survey results binder is up to date with the most current survey results and all the survey results before. This will be an ongoing monitoring. 5. 9/4/2023	

recent surveys.

Based on observation, record review, and interview, the facility failed to ensure the survey results binder included the results (the 2567 report from the Indiana Department of Health) of a complaint survey completed in January 2023, for 1 of 1 state survey results binder reviewed.

Findings include:

During an observation, on 8/16/23 at 11:33 a.m., a binder labeled "ISDH State Survey Binder," included a letter from the Indiana Department of Health that indicated the facility's plan of correction from a complaint survey, completed on 1/10/23, had been approved. The binder did not include the report (2567) of the official written deficiencies from the complaint survey or what the facility's plan of correction entailed.

During a follow-up observation on 8/17/23 at 8:00 a.m., the state survey binder did not contain the 2567 or the facility's plan of correction related to the deficiencies cited from the complaint survey completed on 1/10/23.

During an interview, on 8/17/23 at 1:00 p.m., the Administrator indicated they did not have a policy related to their state survey results binder being kept

	updated with the results and plans of corrections of the most recent surveys.			
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations	R 0217	1. The deficiency found that the facility failed to ensure a resident's service plan was followed for medication administration for 1 of 5 residents reviewed for service plans. There were no residents harmed by this deficiency. 2. There were no residents harmed by this deficiency. To ensure potential residents are not affected by this deficiency, the facility reviewed all the resident's service plans to ensure that the service plan reflected whether a resident self-administers their medication or if nursing administers the medications to them. Any resident's service plans that did not reflect whether they are a self-administer or if nursing administers their medication, the service plan was changed and reviewed by the facility and by the resident and signed by the resident and facility. 3. Every month, the facility will review all the resident's service plans to ensure that they reflect the resident's care. If the service plans do not reflect the resident's care correctly, the change will be made and reviewed by the resident and the facility as well as signed off on. 4. The Administrator and/or designee will review the resident's	09/04/2023

subsequent to the initial evaluation indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

Based on observation, record review, and interview, the facility failed to ensure a resident's service plan was followed for medication administration for 1 of 5 residents reviewed for service plans (Resident 15).

Findings include:

Resident 15's clinical record was reviewed on 8/16/23 at 3:34 p.m. Diagnoses included major depressive disorder.

A current evaluation of needs and service plan, dated 6/20/23 and signed by the resident and the DON, indicated the resident was unable to take medications unless administered by someone else. The measurable goal indicated she would continue to take her medications correctly as long as they were set up in advance and administered by the nursing staff.

During an observation of medication administration, on 8/17/23 at 7:01 a.m., LPN 5

service plans monthly for 6 months. After 6 months, the Administrator and/or designee will review the resident's service plans every 3 months to ensure that the service plans reflect the care that the residents get. This monitoring will be ongoing. All service plans will be reviewed by the resident and the facility, whether there are changes or not, to ensure that the service plans reflect the care the residents receive.

5. 9/4/2023

unlocked the medication cart, pulled medications for Resident 15 from one of the drawers, verified medications against the physician orders, opened the medication pouches and poured medications into a medication cup for a total of 12 medications to be administered. She entered the resident's room, placed the medication cup on a counter top in the resident's room, and exited the room. The resident was lying in bed. LPN 5 indicated the resident was able to self-administer her medications.

During an interview, on 8/17/23 at 12:34 p.m., the Administrator indicated the service plan was incorrect. The resident was able to independently take the correct oral medications and proper dosages at the correct time.

Review of a current facility policy, titled "Medication Self-Administration/Administration/Storage," dated 6/2021 and provided by the Administrator on 8/17/23 at 1:00 p.m., indicated the following: "Policy:...If resident is incapable to self-administer medication with or without reminders, a licensed nurse or qualified medication aide shall be expected to administer medications as ordered by the physician...Procedure:...5.) Should the resident be

incapable of self-administering medications the licensed nurse or qualified medication aide will administer medications as ordered by the physician...."

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During an observation of medication administration, on 8/17/23 at 7:01 a.m., LPN 5 unlocked the medication cart, pulled medications for Resident 15 from one of the drawers, verified medications against the physician orders, opened the medication pouches and poured

medications into a medication cup for a total of 12 medications to be administered. She entered the resident's room, placed the medication cup on a counter top in the resident's room, and exited the room. The resident was lying in bed. LPN 5 indicated the resident was able to self-administer her medications.

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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