STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/10/2023

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 the Investigation of Complaint IN00395341. This visit included a COVID-19 Focused Infection Control QA Walkthrough. Complaint IN00395341 - Unsubstantiated due to lack of evidence. Unrelated findings are cited at R407. Survey dates: January 10, 2023. Facility number: 014090 Residential Census: 14 Crownpointe of Portland was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00395341. These state residential findings are cited in accordance with 410 IAC 16.2-5.	R 0000		

	Quality review completed January 13, 2023.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation and interviews, the facility failed to ensure an employee was wearing a mask while visiting with residents during a random observation (Dietary Manager) and failed to ensure staff were wearing well-fitting N95's when entering COVID-19 positive rooms to properly prevent and contain COVID-19 for 2 of 3 observations of staff entering COVID-19 positive rooms (Administrator and QMA 7).	R 0407	1. 1.This deficiency identified that the facility failed to ensure an employee was wearing a mask while visiting with residents during a random observation and failed to ensure staff were wearing well-fitting N95’s when entering a COVID-19 positive room to properly prevent and contain COVID-19. 2. 2.There were no residents harmed by this deficiency. To ensure potential residents are not affected by this deficiency, the facility educated all staff that they should wear a mask while visiting with a resident in the facility if there’s active COVID-19 cases in the facility. All staff will also be educated on the proper way to wear a N95 mask before entering into a COVID-19 positive room. 3. 3.All employees will be educated on hire and annually on the COVID-19 Policy and Procedure with demonstration on the sequence for putting on Personal Protective	01/27/2023

	Findings include: During an interview, on 1/10/23 at 9:00 a.m., the Administrator indicated there were five of 14 residents in the facility positive for COVID-19. On 1/10/23 at 11:07 a.m., QMA 7 was randomly observed in a COVID-19 positive room. Her used surgical mask was lying on top of the three draw cart, outside of the resident's room, with a box of gloves, disinfectant wipes and hand sanitizer. She exited the residents room, re-applied the surgical mask, and performed hand hygiene. During an interview, at the time of the observation, she indicated she was not sure what she should do with her used surgical mask and would speak to the IP (Infection Prevention) Nurse. During an observation of lunch service in the dining room, on 1/10/23 at 12:05 p.m., the following was observed: The Administrator and QMA 7 were passing the residents' lunch plates to them.		Equipment and the sequence for removing Personal Protective Equipment. 4. 4.The Administrator and/or designee will monitor all employees to ensure they are wearing a mask when there's COVID-19 cases in the facility. The Administrator and/or designee will also monitor that all staff are wearing their N95 masks properly before entering a COVID-19 positive room. 5. 5.1/27/2023	

The Dietary Manager walked into the dining room and sat to the left of Resident E. The Dietary Manager did not have a mask on and she was open-mouth laughing and talking with the resident.

At 12:07 p.m., Resident F sat down to the right of Resident E.

At 12:09 p.m., the Dietary Manager walked over and leaned on a chair as she talked with three other residents at another table.

At 12:12 p.m., the Administrator was applying PPE (Personal Protective Equipment) to enter a COVID-19 positive room, she applied an N95 over a surgical mask.

At 12:17 p.m., QMA 7 was applying PPE to enter a COVID-19 positive room, she applied an N95 over a surgical mask.

During an interview, on 1/10/23 at 12:28 p.m., the Dietary Manager indicated she did not know she was supposed to wear a mask when she was around the residents. She asked if the need for wearing a mask was because some of the residents were sick? She would sometimes go the dining room and ask the residents what food they would like or how their meal was.

	During an interview, on 1/10/23 at 2:15 p.m., the Administrator indicated the transmission rate was high for their county and staff were required to wear masks with COVID-19 infections present in the building. During an interview, on 1/10/23 at 2:32 p.m., the Administrator indicated their IP nurse had instructed them to wear the surgical masks under the N95 masks. Review of a current facility policy, titled "COVID 19 Policy and Procedure," provided by the Administrator on 1/10/23 at 2:08 p.m., indicated the following: "...Masks/Eye protection...all staff should wear a well-fitting, disposable procedure/surgical mask for the duration of their shifts...Transmission-based Precautions: COVID-19 positive...Required PPE: gown, gloves, N95...."			

Based on observation and interviews, the facility failed to ensure an employee was wearing a mask while visiting with residents during a random observation (Dietary Manager) and failed to ensure staff were wearing well-fitting N95's when entering COVID-19 positive rooms to properly prevent and contain COVID-19 for 2 of 3 observations of staff entering COVID-19 positive rooms (Administrator and QMA 7).

Findings include:

During an interview, on 1/10/23 at 9:00 a.m., the Administrator indicated there were five of 14 residents in the facility positive for COVID-19.

On 1/10/23 at 11:07 a.m., QMA 7 was randomly observed in a COVID-19 positive room. Her used surgical mask was lying on top of the three draw cart, outside of the resident's room, with a box of gloves, disinfectant wipes and hand sanitizer. She exited the residents room, re-applied the surgical mask, and performed hand hygiene.

During an interview, at the time of the observation, she indicated she was not sure what she should do with her used surgical mask and would speak to the IP (Infection Prevention) Nurse.

During an observation of lunch

service in the dining room, on 1/10/23 at 12:05 p.m., the following was observed:

The Administrator and QMA 7 were passing the residents' lunch plates to them.

The Dietary Manager walked into the dining room and sat to the left of Resident E. The Dietary Manager did not have a mask on and she was open-mouth laughing and talking with the resident.

At 12:07 p.m., Resident F sat down to the right of Resident E.

At 12:09 p.m., the Dietary Manager walked over and leaned on a chair as she talked with three other residents at another table.

At 12:12 p.m., the Administrator was applying PPE (Personal Protective Equipment) to enter a COVID-19 positive room, she applied an N95 over a surgical mask.

At 12:17 p.m., QMA 7 was applying PPE to enter a COVID-19 positive room, she applied an N95 over a surgical mask.

During an interview, on 1/10/23 at 12:28 p.m., the Dietary Manager indicated she did not know she was supposed to wear a mask when she was around the residents. She

asked if the need for wearing a mask was because some of the residents were sick? She would sometimes go the dining room and ask the residents what food they would like or how their meal was.

During an interview, on 1/10/23 at 2:15 p.m., the Administrator indicated the transmission rate was high for their county and staff were required to wear masks with COVID-19 infections present in the building.

During an interview, on 1/10/23 at 2:32 p.m., the Administrator indicated their IP nurse had instructed them to wear the surgical masks under the N95 masks.

Review of a current facility policy, titled "COVID 19 Policy and Procedure," provided by the Administrator on 1/10/23 at 2:08 p.m., indicated the following: "...Masks/Eye protection...all staff should wear a well-fitting, disposable procedure/surgical mask for the duration of their shifts...Transmission-based Precautions: COVID-19 positive...Required PPE: gown, gloves, N95...."

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