DEPARTMENT OF HEALTH AND HUMAN SERVICES | FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES | OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF PORTLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 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. This visit included the Investigation of Complaints IN00463384 and IN00463000. Complaint IN00463384 - No deficiencies related to the allegations are cited. Complaint IN00463000 - No deficiencies related to the allegations are cited. Survey dates: July 30 and 31, 2025 Facility number: 014090 Residential Census: 29 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 7, 2025.	R 0000		
R 0328	Activities Programs -	R 0328	1	08/18/2025

	Noncompliance 410 IAC 16.2-5-7.1(c)(1-3) (c) An activities director shall be designated and must be one (1) of the following: (1) A recreation therapist. (2) An occupational therapist or a certified occupational therapy assistant. (3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division. Based on record review and interview, the facility failed to ensure the Activity Director was qualified to oversee and implement the facility's activities program. This deficiency had the potential to affect 29 of 29 residents who resided at the facility. Finding includes: Employee records were reviewed on 7/30/25 at 2:30 p.m. The records lacked documentation of the required training for the Activity Director. During an interview, on 7/30/25 at 3:11 p.m., the Activity Director indicated that she had not taken a class to be an Activity Director. During an interview, on 7/30/25		This deficiency identified that the facility failed to ensure the Activity Director was qualified to oversee and implement the facilities activities program. This deficiency had the potential to affect 29 of 29 residents. 2 There were no residents harmed by this deficiency. To ensure potential residents are not affected by this deficiency, all activities will be approved by a qualified Activity Director within the same corporation. 3 Our Activity Director was registered for a home-based Activity Director class to become a certified Activity Director. She will complete the class in All of the paperwork that the uncertified Activity Director does, a certified Activity Director within the corporation will approve it. 4 The Administrator and/or designee will monitor the Activity Director during her certification course to ensure it	

	at 3:20 p.m., the Administrator indicated that the Activity Director had not taken a class and was not certified. A current, undated, facility job description titled "Job Description Activity Director, provided by the Regional Nurse Consultant, indicated the following: " ...Other Job Functions: 1. Be familiar with State regulations, policies, and procedure of the senior community ...." 3.1 -33(e) Based on record review and interview, the facility failed to ensure the Activity Director was qualified to oversee and implement the facility's activities program. This deficiency had the potential to affect 29 of 29 residents who resided at the facility. Finding includes: Employee records were reviewed on 7/30/25 at 2:30 p.m. The records lacked documentation of the required training for the Activity Director. During an interview, on 7/30/25 at 3:11 p.m., the Activity Director indicated that she had not taken a class to be an Activity Director. During an interview, on 7/30/25 at 3:20 p.m., the Administrator		is completed in a timely manner. 5 8/18/2025	

	indicated that the Activity Director had not taken a class and was not certified. A current, undated, facility job description titled "Job Description Activity Director, provided by the Regional Nurse Consultant, indicated the following: " ...Other Job Functions: 1. Be familiar with State regulations, policies, and procedure of the senior community ...." 3.1 -33(e)			
R 9999	FINAL OBSERVATIONS STANDARD 5. STUDENT FILES Each student trained as a nurse aide by an approved training entity will have an organized, individualized student file. These files will be kept for minimum of five (5) years, or three (3) years beyond the employment of the nurse aide, whichever is greater. The files will contain, at minimum, the following: 1. Individualized documentation of the actual time frames for the classroom training. 2. Any and all assessment tools utilized during the classroom portion of the course. 3. PPD and physical examinations. 4. Individualized documents of the actual time frames of the clinical experience, including	R 9999	1 This deficiency identified that the facility failed to ensure time frames and tasks performed were documented on the clinical hours form for students enrolled in a Certified Nurse Assistant (C.N.A.) class. There were no residents affected by this deficient practice. 2 There were no residents harmed by this deficiency. To ensure potential residents are not affected by this deficiency, the facility will ensure that in future Certified Nurse Assistant courses, all students will have a completed form of their clinical hours that	08/18/2025

procedures and activities completed during the clinical experience. Time cards are not acceptable.

This state rule was not met as evidenced by:

Based on record review and interview, the facility failed to ensure time frames and tasks performed were documented on the clinical hours form for students enrolled in a Certified Nursing Assistant (CNA) class for 2 of 3 student files reviewed.

Findings include:

Certified Nursing Assistant class student files were reviewed on 7/31/25 at 1:00 p.m.

Nurse Aide Student 4's file lacked documentation for responsibilities of tasks performed during her clinical hours on 6/12/25, 6/23/25, 6/24/25, 6/26/25, 6/30/25, 7/1/25, 7/2/25, and 7/3/25.

Nurse Aide Student 6's file lacked documentation for time frames worked during her clinical hours on 6/12/25, 6/16/25, 6/17/25, 6/18/25, 6/19/25, and 6/23/25.

During an interview, on 7/31/25 at 1:31 p.m., the Administrator confirmed there were no time frames entered on CNA 6's clinical hours form, and student files counted all hours entered

reflect the time frames the student had and
the tasks the student performed during their clinical hours.

3
The facility developed a C.N.A. Program Policy
for clinical hours and breaks. The
policy will highlight the number of clinical hours needed, student wellness
through appropriate breaks, and maintaining accurate documentation of student performance and task completion.

4
The Administrator, Program Director, and/or
designee will monitor each student during the C.N.A. program to ensure they are completing and meeting the required clinical training hours, supporting student
wellness through appropriate breaks, and maintaining accurate documentation of student performance and task completion.
This monitoring will be completed on-going for every C.N.A. program the
facility organizes.

5

	for clinical hours and did not reflect break times. She was uncertain what the requirements were for CNA class documentation and relied on the CNA class instructor for guidance. During an interview, on 7/31/25 at 4:12 p.m., the Administrator indicated the facility did not have a policy for CNA classes, and they follow state regulations During an interview, on 7/31/25 at 4:25 p.m., RN 3 indicated she was the CNA class instructor for the facility. The students were instructed to put specific time frames, when they entered and when they left the clinical site, on the form and not to include breaks. She was unaware students were counting all of the clinical hours at the facility in their total hours and had not subtracted their breaks. The students were instructed to document what tasks they performed during their clinicals on their clinical hours form. The Indiana Department of Health guidance for Nurse Aide Training Program website at www.in.gov/health/ltc/aide-training-and-certification/cna/nurse-aide-training-programs/, accessed on 8/1/25 at 12:45 p.m., included the following:" ...All clinical instruction must be provided under the supervision of a licensed registered nurse or		8/18/2025	

	practical nurse. Clinical hour documentation must distinguish between clinical site, lab and hours completed in Assisted Living if applicable. Documentation must include dates, time frames, and RCPs completed with student's and instructor's signatures for each day ...."			

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