

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 05/21/2024	
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD, INDIANAPOLIS, , 46240					
(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: May 20 and 21, 2024 Facility number: 015281 Residential Census: 26 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on May 28, 2024.	R 0000	The following is the Plan of Correction for Forum at the Crossing of Indianapolis in regards to the Statement of Deficiency for the State Residential Licensure Survey completed on May 21, 2024. This Plan of Correction is not to be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiency, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with the statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issue. We have not provided a detailed response to each finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that				

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			objective.	
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 standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in accordance with state and local sanitation and safe food handling standards for 1 of 1 kitchen reviewed for a safe and sanitary kitchen. Findings include: During the observation of the kitchen, on 5/21/24 beginning at 9:01 a.m., with the Food and Beverage Director in attendance, the following observations were noted: 1. In the dairy cooler, a 32-ounce (oz) container of buttermilk was found half full. The container did not have an open date. The container was found in a box with 15 more 32 oz containers of buttermilk. They had all been stamped with the expiration date of 5/17/24. 2. In the walk-in freezer, a box	R 0273	What corrective action(s) will be accomplished for the deficient practice? Expired product immediately removed and disposed of. Products without an open date were disposed of. All open products that were exposed to air were disposed of. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur; All staff in serviced on package dating upon opening and proper sealing of open packages. Large resealable bags purchased for any open bags to ensure no exposure to air. Shift duty checklist updated to include checking for properly closed and dated containers and temperature logs completed for all refrigerated equipment. Executive Chef or Food and Beverage Director will monitor for expired items daily.	06/30/2024

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of biscuit dough was found open to air. There were approximately 50 biscuits left. There was also a box of cheese pastries open to air in the freezer.

3. In the walk-in cooler, a one-gallon container of Cole slaw base, found 3/4 full, was found without an open date, half of a three (3) pound roll of ground beef was found without an open date, and half of a green pepper was found open to air.

During an interview, on 5/21/24 at 9:50 a.m., the Food and Beverage Director indicated expired items should be discarded and items in the freezers and coolers should have open dates and be wrapped/sealed.

4. In the dry good storage area, the bulk bread crumb pan was found open to air, a five (5) pound bag of breadcrumbs (1/4 full) was found without an open date, a box of lemon bar filling was found open to air, and a 1/2 full, 25-pound box of rice was found open to air.

During an interview, on 5/21/22 at 9:38 a.m., the Food and Beverage Director indicated the items should have been closed/sealed.

5. The walk-in freezer was missing the daily temperatures and documentation on the log

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;

Executive Chef or Food and Beverage Director will monitor checklist and temperature logs daily.

By what date the systemic changes will be completed;

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for February 28 and 29, 2024 and April 29 and 30, 2024.

6. The walk-in cooler was missing the daily temperatures and documentation on the log for February 28 and 29, 2024 and April 29 and 30, 2024.

During an interview, on 5/21/22 at 10:03 a.m., the Food and Beverage Director indicated the temperatures should be checked and logged daily.

A current facility policy, titled "Food Safety in Receiving and Storage," dated as last reviewed on 8/22/16 and received from the Food and Beverage Director on 5/21/22 at 10:27 a.m., indicated "...Cooler and freezer temperatures are checked daily...and recorded...Open packages are resealed tightly to prevent contamination and dated with the open date..."

Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in accordance with state and local sanitation and safe food handling standards for 1 of 1 kitchen reviewed for a safe and sanitary kitchen.

Findings include:

During the observation of the kitchen, on 5/21/24 beginning at 9:01 a.m., with the Food and Beverage Director in attendance, the following

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observations were noted:

1. In the dairy cooler, a 32-ounce (oz) container of buttermilk was found half full. The container did not have an open date. The container was found in a box with 15 more 32 oz containers of buttermilk. They had all been stamped with the expiration date of 5/17/24.

2. In the walk-in freezer, a box of biscuit dough was found open to air. There were approximately 50 biscuits left. There was also a box of cheese pastries open to air in the freezer.

3. In the walk-in cooler, a one-gallon container of Cole slaw base, found 3/4 full, was found without an open date, half of a three (3) pound roll of ground beef was found without an open date, and half of a green pepper was found open to air.

During an interview, on 5/21/24 at 9:50 a.m., the Food and Beverage Director indicated expired items should be discarded and items in the freezers and coolers should have open dates and be wrapped/sealed.

4. In the dry good storage area, the bulk bread crumb pan was found open to air, a five (5) pound bag of breadcrumbs (1/4 full) was found without an open date, a box of lemon bar filling

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	was found open to air, and a 1/2 full, 25-pound box of rice was found open to air. During an interview, on 5/21/22 at 9:38 a.m., the Food and Beverage Director indicated the items should have been closed/sealed. 5. The walk-in freezer was missing the daily temperatures and documentation on the log for February 28 and 29, 2024 and April 29 and 30, 2024. 6. The walk-in cooler was missing the daily temperatures and documentation on the log for February 28 and 29, 2024 and April 29 and 30, 2024. During an interview, on 5/21/22 at 10:03 a.m., the Food and Beverage Director indicated the temperatures should be checked and logged daily. A current facility policy, titled "Food Safety in Receiving and Storage," dated as last reviewed on 8/22/16 and received from the Food and Beverage Director on 5/21/22 at 10:27 a.m., indicated "...Cooler and freezer temperatures are checked daily...and recorded...Open packages are resealed tightly to prevent contamination and dated with the open date..."			
R 0409	Infection Control - Noncompliance	R 0409	What corrective	06/30/2024

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410 IAC 16.2-5-12(d)

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

Based on interview and record review, the facility failed to ensure an annual health statement (a statement by the physician indicating the resident was free of infectious disease) was completed for 4 of 7 residents reviewed for the annual health statement. (Resident 1, 5, 6 and 7)

Findings include:

1. The clinical record for Resident 1 was reviewed on 5/20/24 at 11:33 a.m. The diagnoses included, but were not limited to, dementia, dysuria (painful urination), and dysphagia (difficulty swallowing).

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

2. The clinical record for Resident 5 was reviewed on 5/20/24 at 11:33 a.m. The diagnoses included, but were

action(s) will be accomplished for the deficient practice;

Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter. This will be included in the electronic medical records admission records and annual review for the physicians' signature.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur;

All current residents will have the proper documentation in the electronic medical record system to include the annual statement from the physician.

How the corrective action(s) will be monitored to ensure the deficient practice

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not limited to, dementia, anxiety disorder, and hypertension (high blood pressure).

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

3. The clinical record for Resident 6 was reviewed on 5/21/24 at 11:10 a.m. The diagnoses included, but were not limited to, dementia, Parkinson's disease, and repeated falls.

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

4. The clinical record for Resident 7 was reviewed on 5/21/24 at 11:19 a.m. The diagnoses included, but were not limited to, dementia, hyperlipidemia (high cholesterol), and malignant neoplasm of the breast.

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

During an interview, on 5/21/24 at 12:35 p.m., the Executive Director indicated the facility did not have a policy related to the annual health statements and the facility did follow the State of Indiana regulations.

**will not recur,
i.e. what quality assurance
program will be put into
place;**

The community will complete an audit of all residents' charts to ensure the proper documentation is in place.

**By what date the
systemic changes will be
completed;**

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Based on interview and record review, the facility failed to ensure an annual health statement (a statement by the physician indicating the resident was free of infectious disease) was completed for 4 of 7 residents reviewed for the annual health statement. (Resident 1, 5, 6 and 7)

Findings include:

1. The clinical record for Resident 1 was reviewed on 5/20/24 at 11:33 a.m. The diagnoses included, but were not limited to, dementia, dysuria (painful urination), and dysphagia (difficulty swallowing).

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

2. The clinical record for Resident 5 was reviewed on 5/20/24 at 11:33 a.m. The diagnoses included, but were not limited to, dementia, anxiety disorder, and hypertension (high blood pressure).

There was no annual health statement to indicate the resident was free of infectious disease found in the record.

3. The clinical record for Resident 6 was reviewed on 5/21/24 at 11:10 a.m. The diagnoses included, but were

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	not limited to, dementia, Parkinson's disease, and repeated falls. There was no annual health statement to indicate the resident was free of infectious disease found in the record. 4. The clinical record for Resident 7 was reviewed on 5/21/24 at 11:19 a.m. The diagnoses included, but were not limited to, dementia, hyperlipidemia (high cholesterol), and malignant neoplasm of the breast. There was no annual health statement to indicate the resident was free of infectious disease found in the record. During an interview, on 5/21/24 at 12:35 p.m., the Executive Director indicated the facility did not have a policy related to the annual health statements and the facility did follow the State of Indiana regulations.			
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by	R 0410	R 410 – Infection Control What corrective action(s) will be accomplished for the deficient practice; Upon admission, every resident will receive a tuberculin skin test and documented in the electronic medical	06/30/2024

whom administered and read.

(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

Based on interview and record review, the facility failed to ensure the 2-step Tuberculosis testing was completed one to three weeks after the first step for 1 of 3 residents reviewed for Tuberculosis testing. (Resident 2)

Finding includes:

The clinical record for Resident 2 was reviewed on 5/20/24 at 11:20 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, major depressive disorder, and mood disorder.

Resident 2 was admitted to the facility on 8/25/23. She received the first step of the Mantoux Tuberculosis test on 8/12/23

records to be read at 48 to 72 hours. Also at this time, the 2nd step will be scheduled to be placed in the next 7 to 21 days.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur;

All current residents will have the proper documentation in the electronic medical record system to include the 1st and 2nd step tuberculin skin test.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;

The community will complete an audit of all residents' charts to all current residents have the required two step completed at move-in. If not, a two-step tuberculin skin test will be completed.

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FORM APPROVED

OMB NO. 0938-0391

and had a negative reading on 8/15/23. The resident received the second step of the Mantoux Tuberculosis test on 9/29/23.

During an interview, on 5/21/24 at 1:09 p.m., the Director of Nursing indicated she did the initial (first test) when she did the pre-admission assessment, or it was done on the day the resident admitted to the facility. The floor nurse would do the second test 21 days after the initial test. She indicated the second step was to be completed one (1) to three (3) weeks after the first step.

A current facility policy, titled "Tuberculosis Control Plan," dated as last revised 10/20/14 and received from the Executive Director on 5/21/24 at 1:03 p.m., indicated "...TB testing procedures to include...Initial testing on new residents...to establish a baseline...."

"Testing for Tuberculosis: Skin Test" (April 2024) was retrieved on 5/22/24 from the Centers of Disease Control (CDC) website. The guidance included the following "...The two-step TB skin test can lower the chance that a boosted reaction from an old TB infection will be misinterpreted as a recent infection. If the reaction to the first-step TB skin test is classified as negative, a second-step TB skin test is

By what date the systemic changes will be completed;

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given one to three weeks after the first test is read...."

Based on interview and record review, the facility failed to ensure the 2-step Tuberculosis testing was completed one to three weeks after the first step for 1 of 3 residents reviewed for Tuberculosis testing. (Resident 2)

Finding includes:

The clinical record for Resident 2 was reviewed on 5/20/24 at 11:20 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, major depressive disorder, and mood disorder.

Resident 2 was admitted to the facility on 8/25/23. She received the first step of the Mantoux Tuberculosis test on 8/12/23 and had a negative reading on 8/15/23. The resident received the second step of the Mantoux Tuberculosis test on 9/29/23.

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During an interview, on 5/21/24 at 1:09 p.m., the Director of Nursing indicated she did the initial (first test) when she did the pre-admission assessment, or it was done on the day the resident admitted to the facility. The floor nurse would do the second test 21 days after the initial test. She indicated the second step was to be completed one (1) to three (3) weeks after the first step.

A current facility policy, titled "Tuberculosis Control Plan," dated as last revised 10/20/14 and received from the Executive Director on 5/21/24 at 1:03 p.m., indicated "...TB testing procedures to include...Initial testing on new residents...to establish a baseline...."

"Testing for Tuberculosis: Skin Test" (April 2024) was retrieved on 5/22/24 from the Centers of Disease Control (CDC) website. The guidance included the following "...The two-step TB skin test can lower the chance that a boosted reaction from an old TB infection will be misinterpreted as a recent infection. If the reaction to the first-step TB skin test is classified as negative, a second-step TB skin test is given one to three weeks after the first test is read...."

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

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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