

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND ST INDIANAPOLIS, IN 46250
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	---	---------------	---	----------------------

F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00360721.</p> <p>Complaint IN00360721 - Substantiated. Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey date: August 23,2021</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 134 Total: 134</p> <p>Census Payor Type: Medicare: 9 Medicaid: 112 Other: 13 Total: 134</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 26, 2021</p>	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.	
F 0921 SS=F Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a cleanly</p>	F 0921	F 921 Corrective actions accomplished for those	09/08/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND ST INDIANAPOLIS, IN 46250
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>environment with the potential to affect 134 of 134 residents in the facility.</p> <p>Findings include:</p> <p>The June, July, and August 2021 pest control work orders from an outside pest control company were provided by the ED (Executive Director) on 8/23/21 at 11:31 a.m.</p> <p>The 6/11/21 pest control work order indicated 6 resident rooms, the laundry room, and the break room were treated for roaches.</p> <p>The 7/1/21 pest control work order indicated the laundry room was treated for roaches.</p> <p>The 7/9/21 pest control work order read, "Fruit flies and roaches reported for the laundry room." The laundry room was treated for roaches and fruit flies at this visit.</p> <p>The 7/27/21 pest control work order indicated the DON's (Director of Nursing's) office was treated for roaches. It read, "Treated Cambridge [one of two facility units] area pantry, dish tank room, bathrooms, laundry room and service hall for roaches too. Something had been spilled a while ago in the Cambridge pantry. A sticky substance was under the fridge and garbage can overflowing."</p> <p>The 8/2/21 pest control work order read, "Roaches found in the laundry room none where (sic) flushed out in the kitchen."</p> <p>The 8/16/21 pest control work order read, "Also treated Brookshire [one of two facility units] nursing station. It had a lot of fruit drinks and food sitting out that needed to be thrown away."</p>		<p>residents found to be affected by the alleged deficient practice: The employee break room, Brookshire pantry, Cambridge pantry, Brookshire nurses station and laundry room were all deep cleaned. All trash was removed from the identified areas and the gowns located in laundry were removed from the floor and laundered.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by this alleged deficient practice. The Environmental Service Director or designee will in-service staff on the expectations related to the daily cleaning logs.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The Environmental Service Director or designee will conduct a morning walk through daily to identify and address issues involving spills, excess trash, odors and debris on the floor. In addition, instructions will be provided during the morning huddle to all housekeeping staff for cleaning of pantries, nurse's stations, employee break room,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND ST INDIANAPOLIS, IN 46250
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>The 8/22/21 pest control work order indicated roach treatment for 42 resident rooms on the Brookshire unit, hallway baseboards, and all-around nurses' station. It read, "Saw 1 roach crawling in bathroom....Employee room with ice machine-roaches under ice machine, baited all around."</p> <p>An environmental tour of the facility was conducted with the ED, Maintenance Director, and EDM (Environmental District Manager) on 8/23/21 at 12:35 p.m.</p> <p>An observation of the break room was made during the tour. There was a brown food splatter on the floor in front of the refrigerator. The EDM used a paper towel to clean it. There was a significant amount of brownish black debris, food wrappers, and a used floss pick accumulated behind the refrigerator. There was brownish debris and a round brown shell on the floor in the far corner of the room.</p> <p>An observation of the clean side of the laundry room was made during the tour. There was a brown garbage bag of gowns overflowing out of the bag and onto the floor. There was a rolling bin with a white shirt hanging from the bin, draping onto the ground. There was a metal rack with a blanket draping onto the floor and touching one of the wheels of the cart.</p> <p>An interview was conducted with Laundry Aide 2 during observation of the laundry room. She indicated the bag of gowns were already on the floor when she arrived at the facility around 7:00 a.m., but they normally didn't store clean gowns on the floor.</p>		<p>and laundry room.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The Environmental Service Director or designee will conduct environmental rounds once daily, M-F x 6 months, to ensure all identified areas are clean and free of debris. The results of the environmental rounds will be reviewed in the monthly QAPI until 100% threshold is achieved.</p> <p>Quality Assurance and Performance Improvement (QAPI): The facility through the QAPI program, will review, update and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>An observation of the Cambridge pantry was made during the tour. There was a stack of cups on the floor behind the ice machine and a black food tray on the floor behind the trash can.</p> <p>An observation of the Brookshire pantry was made during the tour. There was an empty water bottle, salt packet, empty cup, cup lid, and 2 bottle caps on the floor underneath the ice chest. There was a spoon with a brownish food substance on the mouth part and a 1 1/2 inch brownish looking sticky substance with lighter color dots throughout on the floor in front of the sink.</p> <p>An interview was conducted with the Maintenance Director during the Brookshire pantry observation. She indicated perhaps they could get the brown sticky looking substance off the floor with a scraper.</p> <p>An observation of the Brookshire nurses' station was made during the tour. There was an orange fruit chew smashed onto the floor near the corner front of the desk. There was a candy wrapper, used surgical mask, 2 cup lids, and popcorn on the front left corner of the floor underneath the desk. There was a black milk crate containing wrapped applesauce cups, graham crackers, oatmeal cream pies, and cookies on the right side of the floor underneath the desk. There was a food wrapper on the floor by the chart rack.</p> <p>An interview was conducted with RN (Registered Nurse) 3 during observation of the Brookshire nurses' station. She indicated they usually kept the milk crate of residents' snacks in the pantry, off the floor.</p> <p>An interview was conducted with the Maintenance Director on 8/23/21 at 12:28 p.m. She</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND ST INDIANAPOLIS, IN 46250
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>indicated she was usually present with the pest control company during treatments. They'd discussed the need for trash to be thrown away, the trash can to not be overflowing, and how the only way to get rid of the roaches was to keep everything clean. They'd seen roaches at the Brookshire nurse's station, and that was why the pest control company came in the previous day, 8/22/21, and treated the unit.</p> <p>An interview was conducted with the ED on 8/23/21 at 2:21 p.m. He indicated the pantries and areas around the nurse's station needed to be deep cleaned. They'd had some turnover recently in the housekeeping department, but were hiring some new people, and in the process of getting new flooring.</p> <p>On 8/23/21 at 1:44 p.m., the EDM provided cleaning logs from July and August 2021. They indicated at 8:05 a.m. daily to "Gather HSKP [housekeeping] cart and supplies need [sic,] morning walk through (identify and fix spills, odors, debris, fill low paper and soap supplies.)" They also included instructions for cleaning of the pantries, nurse's stations, and employee break room.</p> <p>This Federal tag relates to Complaint IN00360721.</p> <p>3.1-19(f)(4)</p>			