

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

PRINTED: 10/10/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/19/2023	
NAME OF PROVIDER OR SUPPLIER CROWN POINTE SENIOR LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1034 CROWN POINTE BLVD GREENSBURG, IN 47240			
(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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00417078.</p> <p>Complaint IN00417078 - State deficiency related to the allegation is cited at R0269.</p> <p>Survey dates: September 18, and 19, 2023</p> <p>Facility number: 011914</p> <p>Residential Census: 39</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 21, 2023.</p>			R 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
R 0269 Bldg. 00	<p>410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician.</p>						

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

TITLE

(X6) DATE

Jamie Denny

AIT

10/03/2023

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 disclosable 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.

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	<p>Based on interview, record review, and observation, the facility failed to provide menus and alternative menu selections for 3 of 6 residents reviewed for Food and Nutrition Services. (Residents B, C, and E)</p> <p>Findings include:</p> <p>1. During an interview on 09/18/2023 at 3:15 P.M., Resident B indicated that they just started the alternative menu in the last few weeks. When they had asked what the alternative menu was the staff would say they didn't know. Last night (9/17/23) they had a sub sandwich with two little pieces of meat you could see through. That was a bread sandwich, not a meat sandwich. The menu was on the chalk board as you walked into the dining room. You didn't know what was being served until you got to the dining room. The food was not bad in the beginning, but it had gotten worse. There was no diabetic diet that was high in protein. The resident had lost 30 pounds in the last month. Her MD indicated they did not want them losing any more weight.</p> <p>The "Spring/Summer 2023" menus were provided by Cook 2 on 09/18/23 at 1:48 P.M. The menu did not list that a sub sandwich was to be served on 09/17/23.</p> <p>During an interview on 09/19/23 at 11:00 A.M., Resident B indicated sometimes they did not offer an alternative and that's when the resident ate cereal. She had eaten a lot of cereal. Here lately they had a lot of sandwiches. Last night they had a cheeseburger and tater tots and a puffed rice and marshmallow treat. That was a lot of carbohydrates. Very seldom do they have salad or fruit and vegetables.</p>			R 0269	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p> <p>F269 Requires the facility to provide menus and alternate menu selections.</p> <p>1 Resident B, C and D were interviewed regarding their food preferences.</p> <p>2 All residents have the potential to be affected. Food preferences were completed with all residents. No further concerns were noted. See below for</p>		10/13/2023

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	<p>The clinical record for Resident B was reviewed on 09/19/23 at 11:48 A.M. The diagnoses included, but were not limited to, weight loss, cancer, diabetes, and fatigue. The resident was alert and oriented. The resident's blood sugar was checked four times a day. She received scheduled insulin, 10 units, at 8:00 A.M. and at 8:00 P.M. She received sliding scale insulin if needed. No excessively high or excessively low blood sugar values were documented.</p> <p>The "BLOOD PRESSURE / VITALS READINGS" record for Resident B indicated the resident had weighed 227.4 pounds in March 2023 and 188 pounds in September 2023.</p> <p>During an interview on 09/18/23 at 2:29 P.M., QMA (Qualified Medication Aide) 3 indicated they had 14 residents in the building who were diabetics.</p> <p>2. During an interview on 09/19/2023 at 8:44 A.M., Resident C indicated the food was c**p. Her breakfast plate was still in the room. She did not get meat at breakfast because it was greasy, and they had acid reflux. A lady from corporate came and said she was going to try to get them an air fryer so things weren't so greasy but apparently, she couldn't. The resident showed pictures on her phone of bacon that was shiny. The resident said that was the grease. She had a picture of a cheeseburger that was half black and burnt. The food was "terrible". At the Resident Council meetings, the residents voiced their concerns about the food, but nothing changed. The resident had several pictures of greasy breakfast meats on her phone.</p> <p>The "Spring/Summer 2023" menus were provided by Cook 2 on 09/18/23 at 1:48 P.M. The menu</p>				<p>corrective measures.</p> <p>3 The Food Preference ,Menu substitutions and menu acceptance policy and procedures were reviewed with no changes made. (See attachment) The staff was in-serviced on the above procedures.</p> <p>4 The Administrator or designee will conduct food council once a month. An alternative meal will be available for each meal. Menus for each month will be given to the residents. The administration or designee will consume a test tray three times a week to test for palatability and temperature. (See attachment)</p>		

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	<p>indicated breakfast for 09/19/23 was to have been sausage gravy, biscuit, and choice of cereal and juice.</p> <p>The clinical record for Resident C was reviewed on 09/19/23 at 11:37 A.M. The diagnoses included, but were not limited to, abnormal glucose, atrial fibrillation, diabetes, and rheumatoid arthritis. The resident was alert and oriented. The resident's diabetes was not currently being treated with medication.</p> <p>3. During an interview on 09/19/2023 at 9:18 A.M., Resident E indicated the food was not that great there. They did not give them a menu. They ate in the dining room and did not know what was being served until they got to the dining room. They had gotten menus in the past but not recently. When they got menus, it changed frequently, and they were not always served what was on the menu in the first place. Their food was not served hot even in the dining room. Most of the food was cold. The tater tots yesterday were cold. They keep on serving chicken a lot.</p> <p>The menu did not list tater tots as what was to be served on 09/18/23.</p> <p>The clinical record for Resident E was reviewed on 09/19/23 at 1:20 P.M. The diagnoses included, but were not limited to, asthma, diabetes, and chronic obstructive pulmonary disease. The resident was alert and oriented. The resident's blood sugar was checked twice a day with no excessively high or excessively low blood sugar values documented. The resident received Metformin 500 milligrams two times a day orally for their diabetes.</p> <p>The current "Food Preferences" policy, dated 05/2018 was provided by the Administrator in</p>						

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	<p>Training on 09/19/23 at 1:54 P.M. The policy indicated, "...Residents [sic] food preferences will be obtained and followed as closely as possible..."</p> <p>The current "Menu Substitutions" policy, dated 05/2018 was provided by the Administrator in Training on 09/19/23 at 1:54 P.M. The policy indicated, "...It is the policy of this facility that at each meal, proper menu substitutions will be prepared for the protein/entrée and vegetable...Protein items and vegetables are to be substituted with protein and vegetable items of similar nutritive value..."</p> <p>This State tag relates to complaint IN00417078.</p>						