

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 09/15/2021	
NAME OF PROVIDER OR SUPPLIER  CROWN SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00362287.</p> <p>Complaint IN00362287 - Substantiated. State deficiencies related to the allegations are cited at R0053.</p> <p>Survey date: September 14 and 15, 2021</p> <p>Facility number: 013328</p> <p>Residential Census: 48</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 20, 2021</p>		R 0000	<p><b>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</b></p>			
R 0053  Bldg. 00	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse.</p> <p>Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 4 of 4 residents who heard derogatory comments the Executive Director made concerning the residents that reside in the facility.</p> <p>Findings include:</p> <p>Four anonymous resident interviews were conducted:</p> <p>Anonymous 1 was interviewed during the survey</p>		R 0053	<p>It is the policy of Crown Senior Living to ensure that all residents are free from verbal abuse. The staff member alleged was suspended pending the outcome of the investigation. The allegation was not substantiated, and the staff member allowed to return on the next scheduled date. Re-education on abuse policy and procedure was provided to the staff member alleged. As a preventive measure, all staff</p>		10/29/2021	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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	<p>from 9/14/21 to 9/15/21. They stated, it was about a month ago and they were walking down the first-floor hallway. The Executive Director and the staff were in the conference room having a morning meeting. The door to the conference room was ajar and so they could hear what was being said during the meeting. They indicated, they heard the Executive Director say to the staff that "they are all low lives here; none of the residents here where to her standard and they will be replaced with more appropriate people for an assisted living". Anonymous 1 stated when they heard those comments it hurt their feelings not only for themselves, but also for all their friends that live there as well. They believed the comment was verbal abuse.</p> <p>Anonymous 2 was interviewed during the survey from 9/14/21 to 9/15/21. They stated, they were walking down the first-floor hallway about a month ago. The Executive Director and staff were in the conference room having a morning meeting. The door to the conference room was ajar and they could hear what was being said in the meeting. They indicated, they heard the Executive Director say to the staff, "I'm from Carmel and I have never worked with so many low lives in my life". They indicated, when they heard the comments the Executive Director made, it made them feel like "I am s...t on her shoes and verbally abusive".</p> <p>Anonymous 3 was interviewed during the survey from 9/14/21 to 9/15/21. They stated, about a month ago, they were in the front lobby right before the resident meeting where the Executive Director was about to introduce herself to the residents when they heard the Executive Director speaking to a staff member and she said, "We need a different class of people in here".</p>				<p>members will be re-educated on abuse prohibition policies and procedures by 10/29/21. The Regional Director, or his designee, will meet with the residents weekly for 4 weeks and monthly thereafter to ensure continued satisfaction.</p>		

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	<p>Anonymous 3 indicated, the Executive Director was referring to Medicaid residents.</p> <p>Anonymous 4 was interviewed during the survey from 9/14/21 to 9/15/21. They indicated they were sitting in the front lobby on 9/7/21 when they heard the Executive Director talking to staff about a resident. The Executive Director said "I wish he would shut up. He talks too much" referring to a resident. They stated, "I don't think she should be talking about residents like that"</p> <p>An Anonymous staff interview was conducted during the survey from 9/14/21 to 9/15/21. They indicated, a month ago during a staff meeting, the Executive Director had said, "This place is where the homeless live with bed bugs".</p> <p>An interview with the Regional Director of Operations was conducted on 9/15/21 at 1:35 p.m. He indicated, he has never heard the Executive Director make any derogatory statements or speak in a derogatory manner. When asked what the plan will be going forward, he stated, they will collectively put a plan of correction together, but he has no concerns with the changes made thus far.</p> <p>An Elder Abuse Policy and Procedure was provided by ED on 9/14/21. It indicated, "Policy: Residents have the right to be free from physical, verbal, sexual, mental abuse, misappropriation of property, corporal punishment, and involuntary seclusion...Verbal abuse-the use of oral, written, or gestured language that willfully includes disparaging, and derogatory terms to resident or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability...The facility must ensure that all alleged violations are</p>						

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	<p>thoroughly investigated; and must prevent further potential abuse while the investigation is in progress...The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown origin and misappropriation of resident property are reported immediately to the administrator or his designated representative of the facility and to other officials in accordance with the State law...within 24 hours with the immediate report and within 5 days with the final report."</p> <p>This state finding relates to complaint IN00362287.</p>						