

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 08/31/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET 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 Complaints IN00381091, IN00385791, IN00387112, IN00387137, IN00387773, IN00387978, IN00388415, IN00388914, and IN00389023.</p> <p>Complaint IN00381091 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00385791 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387112 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387137 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387773 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00387978 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00388415 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00388914 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00389023 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 29, 30, and 31, 2022</p>	F 0000		
--------------------	--	--------	--	--

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  08/31/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET 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 0812 SS=E Bldg. 00	<p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 5 Medicaid: 93 Other: 27 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 6, 2022.</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the</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  08/31/2022
NAME OF PROVIDER OR SUPPLIER  ALLISON POINTE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET 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>facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the main refrigerator did not contain expired food and ensure dietary staff wore hairnets while in the kitchen. This had the potential to affect 109 out of 125 residents that consume food from the kitchen.</p> <p>Findings include:</p> <p>An observation of the kitchen was conducted on 8/30/22 at 12:30 p.m. with Dietary Staff 2 preparing the hall trays. Dietary Staff 3, 4, and 5 were present in the kitchen and were not wearing hairnets. On 8/30/22 at 12:35 p.m., Dietary Staff 3, 4, and 5 proceeded to place hairnets on but Dietary Staff 3 only placed the hair net on the crown on her head that did not contain the entirety of her hair. She continued to have braids that hanged down along her back and the front.</p> <p>An observation was then conducted of the main refrigerator. The following concerns were noted:</p> <p>A box of cucumbers that were covered with white, fuzzy spots, A container of pineapple with a use by date of 8/23/22, A container of pears with a use by date of 8/20/22, A container of pudding with a use by date of 8/23/22, A container of fruit cocktail with a use by date of 8/29/22, A container of tomato soup with a use by date of 8/24/22,</p>	F 0812	<p>Allison Pointe requests desk review for this plan of correction:</p> <p>A. All culinary staff immediately placed hair nets on. Dietary Staff 3 immediately corrected her hairnet so that it covered the entirety of her hair, including her braids. TheThe cucumbers, pineapple, container of pears, container of pudding, container of fruit cocktail, tomato soup, tray of cups labeled "lunch/desert" , 2 oranges and 1 onion were all immediately discarded and both the walk-in freezer and refrigerator were immediately cleaned.</p> <p>B. All residents have the potential to be affected by the practice.</p> <p>C. All culinary staff were educated on proper procedures for storage of food and disposal of expired food as well as the proper donning of hairnets and beard guards Weekly rounds will be conducted by the Executive Director or Designee to include, proper food storage and disposal as well proper donning of hairnets and beard guards.</p> <p>D. The weekly wounds will be</p>	09/06/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/31/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET 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
	<p>A tray of cups labeled "lunch/desert" that were dated 8/24/22, &amp; 2 oranges and one onion located on the floor of the fridge.</p> <p>An interview conducted with the Executive Director (ED), on 8/31/22 at 2:30 p.m., indicated the staff have hairnets on now and Dietary Staff 3 had her own hairnet to accommodate her long hair but she should have had that in place to begin with. The expired food was thrown out.</p> <p>A policy titled "Receiving", revised 9/2017, was provided by the ED on 8/31/22 at 4:22 p.m. The policy indicated the following, "...Safe food handling procedures for time and temperature control with be practiced in the transportation, delivery, and subsequent storage of all food items...."</p> <p>A policy titled "Staff Attire", revised 9/2017, was provided by the ED on 8/31/22 at 4:22 p.m. The policy indicated the following, "...All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained...."</p> <p>This Federal Tag relates to Complaints IN00381091, IN00387773, and IN00388415.</p> <p>3.1-21(i)(2) 3.1-21(i)(3) 3.1-21(j)</p>		<p>reviewed in monthly QA on going to ensure compliance is maintained.</p>	