STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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	This visit was for the Investigation of Nursing Home Complaint IN00384855. This visit included the Investigation of Residential Complaints IN00388844 and IN00389557. Complaint IN00384855 - Unsubstantiated due to lack of evidence. Complaint IN00388844 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00389557 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: September 6 & 7, 2022 Facility number: 013452 Provider number: 155835 AIM number: 201299290 Census Bed Type: SNF/NF: 4 SNF: 54 Residential: 25 Total: 83 Census Payor Type: Medicare: 47 Medicaid: 4 Other: 7 Total: 58 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	Symphony of Crown Point Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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
	Quality review completed on 9/8/22.			
F 0610 SS=D Bldg. 00	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on record review and interview, the facility failed to thoroughly investigate an allegation of misappropriation of resident's property related to a resident's missing supply of narcotic pain medication for 1 of 1 investigations of an allegation of misappropriation reviewed. Finding includes: A facility reported incident, dated 6/17/22, indicated Resident 2's personal bottle of Percocet was unable to be located upon discharge from the facility. The follow up to the reported incident, dated 6/23/22, indicated on admission into the facility, a family member brought in a bottle of Percocet and	F 0610	Symphony of Crown Point Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. F610 Investigate/Prevent/Correct Alleged Violation What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Guest 2 is no longer in the facility.	09/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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
	had given it to the nurse. The nurse placed the Percocet bottle in the locked box on the Medication Cart. When the resident was being discharged from the facility, the bottle of Percocet was unable to be located. Resident 2's record was reviewed on 9/6/22 at 4:36 p.m. The diagnoses included, but were not limited to, a left hip replacement. The resident was admitted into the facility on 6/7/22 and discharged from the facility on 6/17/22. The facility investigation of the missing Percocet was started on 6/17/22 and indicated the following.: A telephone interview, dated 6/17/22 at 5:10 p.m. with Nurse 1 indicated a bottle of Percocet and another non-narcotic medication was received from the resident's family. A Narcotic Count Record was initiated so the Percocet pills would be counted each shift. A hand-written and signed statement from Nurse 3, dated 6/17/22, indicated the bottle of Percocet was last seen by her on 6/10/22 at the end of her shift. (Scheduled for day and evening shift). She had notified the resident's family and asked them to come to the facility to sign some consents and to also pick the medication up. She was informed by the family they would visit the facility, "in the next few days". A telephone interview with Nurse 2 on 6/17/22 at 5:28 p.m., indicated she had worked the night shift (11 p.m. to 7 a.m.) on 6/11/22 and only the Xarelto (blood thinner) was in the lock box. She had questioned why the Xarelto was locked in the narcotic lock box on the Medication Cart. The bottle of Percocet was not in the lock box.		· Nurse 4, 5, and 6 were interviewed with no findings. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. · All Guests in the facility have the potential to be affected by the same alleged deficient practice. All State Reportable Incidents reported since June were reviewed to ensure investigations were complete. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Education was provided to DON and Assistant Administrator to ensure all steps of investigations are completed according to policy. Administrator will audit all monthly State Reportables to ensure thorough investigations are completed. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · Administrator/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue. Date of compliance: Sept 20, 2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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
	A hand written and signed statement from Nurse 7 (worked 6/11/22 day and evening shift), dated 6/17/22, indicated the resident's family had been in the facility and requested the medication from the lock box. They were unable to locate the Percocet. Nurse 7 acknowledged there were prescription bottles in the lock box, though was unable to recall if those were the resident's medications. Review of the Nursing Schedules for 6/10/22 and 6/11/22, indicated Nurse 4, Nurse 5, and Nurse 6 had worked on the C-Unit from 11 p.m. on 6/10/22 through 11 p.m. on 6/11/22. Drug testing had been completed as part of the investigation. Nurse 4 and Nurse 6 had not had a drug test completed. A Police Report, dated 6/17/22, indicated the facility had not been able to determine where the Narcotic Count Record for the Percocet was and that it was missing from the Narcotic Count Log. During an interview on 9/7/22 at 10:10 a.m., the Director of Nursing indicated Nurses 4, 5, and 6 had not been interviewed. She indicated she concentrated on the nurses who had been assigned to the Medication Cart in which the medications had been stored, though the assigned nurse may have left the keys with the other nurse scheduled on the C-Unit when they left the floor on break. A facility narcotic policy, dated 3/2022 and received from the Assistant Administrator as current, indicated the narcotics were to be counted at the beginning and end of each shift by two nurses. The two nurses were to be the incoming and outgoing nurses. If a discrepancy			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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
	was found, the Director of Nursing was to be notified immediately. A facility abuse policy, dated 9/2016, and received from the Assistant Administrator as current, indicated misappropriation of a resident's property was to be reported to the Administrator immediately. The appointed investigator would interview anyone who may have had direct knowledge of the incident. 3.1-28(d)			
R 0000 Bldg. 00	This visit was for the Investigation of Residential Complaints IN00388844 and IN00389557. This visit included the Investigation of Nursing Home Complaint IN00384855. Complaint IN00388844 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00389557 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00384855 - Unsubstantiated due to lack of evidence. Survey dates: September 6 & 7, 2022 Facility number: 013452 Residential Census: 25 Symphony of Crown Point was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaints IN00388844 and IN00389557.	R 0000	Symphony of Crown Point Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155835	A. BUILDING 00 B. WING	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CROWN POINT LLC	1555 S MAIN STREET CROWN POINT, IN 46307

(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
	Quality review completed on 9/8/22.			