

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

PRINTED: 10/23/2018

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 10/04/2018	
NAME OF PROVIDER OR SUPPLIER  CRESTWOOD VILLAGE SOUTH APARTMENTS LLC				STREET ADDRESS, CITY, STATE, ZIP COD 8809 MADISON AVENUE INDIANAPOLIS, IN 46227			
(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 a State Residential Licensure Survey.</p> <p>Survey Dates: October 3 and 4, 2018</p> <p>Facility Number: 013367</p> <p>Residential Census: 82</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on October 05, 2018.</p>		R 0000				
R 0155  Bldg. 00	<p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the lid was closed on the outside dumpster container. This had the potential to affect 82 of 82 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 10/3/18 at 10:30 a.m., observed the lid of the outside dumpster container to not be closed. The outside dumpster container was located near the kitchen entrance.</p>		R 0155	<p>Dumpster lid was immediately closed and surrounding debris in both dumpster areas was immediately removed.</p> <p>We are adding an additional dumpster to the property to accommodate the extra need the independent living waste management. Maintenance Supervisor or designee will check to ensure the lid is closed on the dumpster two times a day for the next 3 months. Then random weekly checks will continue for 3</p>		01/19/2019	

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.

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R 0414  Bldg. 00	<p>During an interview, on 10/3/18 at 10:33 a.m., the Dining Services Director indicated the dumpster container was to be kept closed.</p> <p>On 10/3/18 at 11:00 a.m., a review of the Title 410 IAC 7-24-392(a)(2), of the Retail Food Establishment Sanitation Requirements, indicated "Receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside..."</p> <p>On 10/3/18 at 12:02 p.m., the ED (Executive Director) provided a copy of the General Waste Management policy, dated 5/26/17, and indicated it was the current policy in use by the facility. A review of the policy indicated "...storage containers will remain covered..."</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff washed their hands after touching the floor to pick up an empty medication package during a random observation of medication administration.</p> <p>Findings Include:</p> <p>During medication administration, on 9/4/18 at 9:30 a.m., observed LPN (Licensed Practical Nurse) 1 drop an empty single pill medication package onto the floor. Observed LPN 1 bent down, retrieved the package from the floor, and proceeded with medication administration.</p> <p>LPN 1 failed to wash her hands prior to</p>			R 0414	<p>months.</p> <p>Trash guidelines are posted in each trash room or designated area within the facility that outline proper waste management for the Assisted Living residents and staff.</p> <p>Nurse was immediately educated on handwashing during the medication administration. A nursing inservice on October 18th, 2018 of nursing personnel included education on handwashing during medication administration, review of handwashing policy and review of handwashing technique. A return demonstration and check off will occur by October 24th, 2018 with 100% of the nursing personnel. Health Services Director or designee will conduct random handwashing technique</p>		04/19/2019

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	<p>proceeding with the medication administration task.</p> <p>Interview, on 9/4/18 12:45 p.m., the DON (Director of Nursing) indicated the nurse should have washed her hands prior to continuing with care.</p> <p>On 9/4/18 at 10:50 a.m., the DON provided the current copy of the facility's policy, dated 3/17/17, and titled: Infection Control: Program guidelines. A review of the policy indicated "Procedure: ... 5.G. Use of hand hygiene and gloves according to aseptic principles of all staff whose job responsibilities involve direct resident contact, contact with residents environment and/or food preparation."</p>				<p>observation and return demonstration on each shift monthly for 3 months. Then a random shift handwashing technique and return demonstration will be conducted by the HSD or designee for 3 months. HSD will document the observations and demonstrations. Documentation will be reviewed by the Executive Director. Each new hire is educated on infection control and handwashing techniques during orientation by the HSD or designee. Continued education on handwashing and hand hygiene is provided through annual training.</p>		