Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	014090		01/10/2023

NAME OF PROVIDER OR SUPPLIER
CROWNPOINTE OF PORTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE
745 PATRIOT DRIVE
PORTLAND, IN 47371

(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) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00395341. This visit included a COVID-19 Focused Infection Control QA Walkthrough. Complaint IN00395341 - Unsubstantiated due to lack of evidence. Unrelated findings are cited at R407. Survey dates: January 10, 2023. Facility number: 014090 Residential Census: 14 Crownpointe of Portland was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00395341. These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 13, 2023.	R 000		
R 407	410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 407		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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R 407	Continued From page 1 This RULE is not met as evidenced by: Based on observation and interviews, the facility failed to ensure an employee was wearing a mask while visiting with residents during a random observation (Dietary Manager) and failed to ensure staff were wearing well-fitting N95's when entering COVID-19 positive rooms to properly prevent and contain COVID-19 for 2 of 3 observations of staff entering COVID-19 positive rooms (Administrator and QMA 7). Findings include: During an interview, on 1/10/23 at 9:00 a.m., the Administrator indicated there were five of 14 residents in the facility positive for COVID-19. On 1/10/23 at 11:07 a.m., QMA 7 was randomly observed in a COVID-19 positive room. Her used surgical mask was lying on top of the three draw cart, outside of the resident's room, with a box of gloves, disinfectant wipes and hand sanitizer. She exited the residents room, re-applied the surgical mask, and performed hand hygiene. During an interview, at the time of the observation, she indicated she was not sure what she should do with her used surgical mask and would speak to the IP (Infection Prevention) Nurse. During an observation of lunch service in the dining room, on 1/10/23 at 12:05 p.m., the following was observed: The Administrator and QMA 7 were passing the residents' lunch plates to them. The Dietary Manager walked into the dining room and sat to the left of Resident E. The Dietary	R 407		

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R 407	Continued From page 2 Manager did not have a mask on and she was open-mouth laughing and talking with the resident. At 12:07 p.m., Resident F sat down to the right of Resident E. At 12:09 p.m., the Dietary Manager walked over and leaned on a chair as she talked with three other residents at another table. At 12:12 p.m., the Administrator was applying PPE (Personal Protective Equipment) to enter a COVID-19 positive room, she applied an N95 over a surgical mask. At 12:17 p.m., QMA 7 was applying PPE to enter a COVID-19 positive room, she applied an N95 over a surgical mask. During an interview, on 1/10/23 at 12:28 p.m., the Dietary Manager indicated she did not know she was supposed to wear a mask when she was around the residents. She asked if the need for wearing a mask was because some of the residents were sick? She would sometimes go the dining room and ask the residents what food they would like or how their meal was. During an interview, on 1/10/23 at 2:15 p.m., the Administrator indicated the transmission rate was high for their county and staff were required to wear masks with COVID-19 infections present in the building. During an interview, on 1/10/23 at 2:32 p.m., the Administrator indicated their IP nurse had instructed them to wear the surgical masks under the N95 masks.	R 407		

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R 407	Continued From page 3 Review of a current facility policy, titled "COVID 19 Policy and Procedure," provided by the Administrator on 1/10/23 at 2:08 p.m., indicated the following: "...Masks/Eye protection...all staff should wear a well-fitting, disposable procedure/surgical mask for the duration of their shifts...Transmission-based Precautions: COVID-19 positive...Required PPE: gown, gloves, N95...."	R 407		