

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 03/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032
---	--

(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. This visit included the Investigation of Complaints IN00420936, IN00427916 and IN00429049.</p> <p>Complaint IN00420936 - No deficiencies related to the allegations are cited. Complaint IN00427916 - No deficiencies related to the allegations are cited. Complaint IN00429049 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 7, 8 and 11, 2024.</p> <p>Facility number: 012309</p> <p>Residential Census: 35</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on March 12, 2024.</p>	R 0000		
R 0116 Bldg. 00	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on interview and record review, the facility failed to have an employee fingerprint completed when the employee's Indiana State Police background check indicated inconclusive results</p>	R 0116	Company Policy regarding background checks for new hires reviewed by Executive Director and Human Resources. Following	03/18/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Long		03/26/2024

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:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 11610 TECHNOLOGY DR CARMEL, IN 46032
---	---

(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>and finger printing was recommended for 1 of 5 employees reviewed for employee records. (Cook 1)</p> <p>Finding includes:</p> <p>The employee records were reviewed on 3/8/24. Cook 1 was hired on 1/31/24.</p> <p>A document, titled "STATE OF INDIANA INDIANA STATE POLICE," dated 1/26/24 and received from the Executive Director on 3/11/24 at 10:25 a.m., indicated the date of completion was 1/26/24 and the background report for Cook 1 was inconclusive. A fingerprint was recommended.</p> <p>During an interview, on 3/8/24 at 3:44 p.m., the Executive Director indicated Cook 1 was to have his fingerprints completed on 3/11/24.</p> <p>A facility document, titled "SCREENING OF PROSPECTIVE EMPLOYEES," undated and received from the Life Safety Director on 3/11/24 at 11:25 a.m., indicated "...This facility shall apply for a limited criminal history within (3) business days of employing...unlicensed employee..."</p>		<p>review, employee in question, removed from schedule pending results from fingerprint review with national system. The employee obtained approved fingerprint testing with IdentTOgo on March 11th, 2024. Facility waiting for results; employee is to remain off schedule pending the review of results by the Executive Director. All employee files have been audited with no other concerns identified as to background checks/fingerprint testing. As a means to ensure continued compliance with the completion of fingerprints when recommended, the facility Human Resources Director was provided additional training with materials provided by corporate office human resource department. As a means of quality assurance, the Human Resources Director will maintain and provide a spreadsheet regarding new hire documentation (to include, but not be limited background checks/finger printing) to the executive director weekly, ongoing. Should there be a recommendation for finger printing, it shall be the responsibility of the Administrator to ensure the following of any such recommendation and to monitor until results are received and reviewed and necessary action taken, if warranted.</p>	

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 03/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032
---	--

(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 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure a service plan had been signed by the resident or resident representative and failed to ensure a service plan had been completed semi-annually for 1 of 7 residents reviewed for service plans. (Resident 201)</p> <p>Finding includes:</p>	R 0217	<p>As resident 201 has discharged, no further corrective action can be taken regarding the applicable service plan.</p> <p>The service plans of all current residents have been audited to confirm a current, accurate service plan is in place and had been by</p>	03/22/2024
------------------------	--	--------	---	------------

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 03/08/2024	
NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032			
(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 0273 Bldg. 00	<p>The clinical record for Resident 201 was reviewed on 3/8/24 at 9:38 a.m. The diagnoses included, but were not limited to, hypertension, hyperlipidemia, and insomnia.</p> <p>The resident was admitted to the facility on 10/1/22 and discharged on 3/7/24.</p> <p>A service plan, dated 5/13/23, was found in the resident's record. The service plan had not been signed by the resident or a resident representative.</p> <p>There were no other service plans found after 5/13/23.</p> <p>During an interview, on 3/11/24 at 12:09 p.m., the Executive Director indicated she was not able to find the signed service plan completed, on 5/13/23, and she was not able to find a semi-annual service plan after 5/13/23.</p> <p>A facility policy, titled "EVALUATION OF INDIVIDUAL RESIDENT NEEDS," dated 2023 and received from the Regional Director on 3/11/24 at 12:44 p.m., indicated "...assessments will be updated semiannually...The agreed upon service plan shall be signed and dated by the resident..."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to label and date food</p>	R 0273	<p>the resident or representative. The service plans have been placed on a schedule of a minimum of semi-annual (or at the time of significant change) review. As a means to ensure ongoing compliance, Company policy regarding service plan evaluation was reviewed by the Unit Manager and Executive Director. The Unit Manager will complete the admission service plan evaluation, as well as review the service plan at a minimum of every 6 months as well as any additional updates to service plans due to change of status for residents. As a means of quality assurance, the Unit Manager shall maintain a spreadsheet with admission dates and subsequent assessment dates for all residents. This spreadsheet and service plans created on dates reflected by spreadsheet to be reviewed with Executive Director weekly, ongoing, to confirm compliance therewith.</p> <p>All food items improperly stored and/or lacking appropriate</p>	03/22/2024			

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 03/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 11610 TECHNOLOGY DR CARMEL, IN 46032
---	---

(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>stored in the refrigerators and freezers, to ensure the dishwasher reached appropriate temperatures when cleaning dishes and failed to removed bowls, cups or scoops from bulk dry goods in 1 of 1 kitchen reviewed.</p> <p>Findings include:</p> <p>During an observation of the kitchen on 3/7/24, beginning at 1:07 p.m., the following findings were noted:</p> <p>1. In the refrigerator and freezer next to the stove/grill the following items were found:</p> <ul style="list-style-type: none"> a. One half full bag of breaded chicken tenders was found with a hole in the bag. There was no label, no open date, and no use-by date. b. One 1/3 full clear bag of breakfast sausage patties was found open to air without a label, open date, or a use-by date. c. One clear plastic bag containing a block of ice with yellow coloring in the center was found without a label, open date, or use-by date. d. One clear bag of meat patties was found open to air without a label, open date, or use-by date. e. One half full clear bag of seasoned potato wedges was found open to air without a label, open date, or use-by date. <p>2. In a second freezer/refrigerator the following items were found:</p> <ul style="list-style-type: none"> a. One clear bag of white meat was found without an open date, label, or use-by date. b. One clear bag of chicken tenders was found open to air without a label, open date, or use-by date. c. One clear bag of Brussel sprouts was found open to air without a label. d. One clear bag of breaded shrimp was found open to the air without a label, open date, or 		<p>date/label were discarded at time of discovery. Required repairs of dishwasher to maintain appropriate temperatures were completed on 3/7/2024. Bowls, cups or scoops were removed from bulk dry goods upon discovery.</p> <p>All areas of food storage have been assessed with any other concerns regarding storage/labeling immediately corrected. The facility policies/procedures for storage of both dry foods and perishable foods were reviewed by Regional Dietary Services Manager, Dietary Service Manager and Executive Director. Additional training provided to all dietary staff on 3/21/2024, to include, but not be limited to proper labeling, storage and monitoring of appropriate dishwasher temperatures. Thereafter, training for all newly hired dietary staff shall be completed following the dietary orientation manual.</p> <p>As a means to ensure ongoing compliance with the correct labeling and dating of foods, labeling stickers and permanent marking utensils have been placed at each refrigerator, freezer, and dry storage shelving areas. The facility staff has been educated on the use of food and drink labels for all food and drink items which are resident related. A log shall be maintained of daily monitoring of</p>	

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 03/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 11610 TECHNOLOGY DR CARMEL, IN 46032
---	---

(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>use-by date.</p> <p>3. On the bread rack the following items were found:</p> <ul style="list-style-type: none"> a. One bag with four hotdog buns was found open to the air. b. One bag containing one English muffin was found open to air. c. One half a loaf of wheat bread was found open to the air. <p>4. In the drink refrigerator the following items were found:</p> <ul style="list-style-type: none"> a. One 25-ounce box of cranberry juice was found open with a hole in the top edge and with no date it was opened. b. Six clear plastic containers were found without dates or labels. There were two with orange fluid, one with red fluid, one with brown fluid, one with yellow fluid, and one with clear fluid. <p>5. In the freezer a clear bag of French fries was found without an open or use-by date.</p> <p>6. In a chest freezer there was a one-gallon container of Neapolitan ice cream, one-third full without an open date.</p> <p>7. A small Styrofoam bowl was found left in the bulk flour.</p> <p>8. The dishwasher cycle was observed twice, the first time the dishwasher read 100 degrees for all cycles. On the second observation, the dishwasher reached a temperature of 104 degrees. The temperature gauge was noted to have two cracks in the glass.</p> <p>During an interview, on 3/7/24 at 1:37 p.m., the Dietary Manager indicated the machine was a low</p>		<p>the dishwasher temperatures. Any discrepancies in temperatures are to be reported to maintenance upon discovery.</p> <p>As a means of quality assurance, weekly observations for proper food storage/labeling and dishwasher temps shall be conducted by the Executive Director/designee ongoing to verify compliance by staff. Should non-compliance be observed, immediate corrective action shall be taken.</p>	

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 03/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 11610 TECHNOLOGY DR CARMEL, IN 46032
---	---

(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>temperature machine and should have reached 120 degrees.</p> <p>During an interview, on 3/8/24 at 2:19 p.m., the Dietary Consultant indicated there should be three dates on the food items. One when an item arrived, one when the item was opened, and then a use by date.</p> <p>During an interview, on 3/8/24 at 2:27 p.m., the Dietary Consultant indicated scoops and cups should not be left in dry goods.</p> <p>A facility document, titled "LOW-TEMPERATURE WAREWASHING PROCEDURES," undated and received from the Dietary Consultant on 3/8/24 at 2:19 p.m., indicated "...Water temperatures should be between 120 F and 140 F (degrees Fahrenheit)"</p> <p>A facility policy, titled "Storage of Foods under Sanitary Conditions," dated 5/2018 and received from the Executive Director on 3/8/24 at 2:09 p.m., indicated "...All food items stored in the refrigerator must be labeled and dated if NOT scheduled to be served at the next meal...All foods should be placed in seamless containers with tight-fitting lids...left over foods should be placed in an approved storage container and should be discarded after three days...."</p> <p>A facility policy, titled "Storage of Frozen Foods," dated 5/2018 and received from the Dietary Consultant on 3/8/24 at 2:27 p.m., indicated "...any frozen food products that have torn, punctured, damaged or partially opened packaging should be thrown away...Always label the item and include a use-by date...."</p>			