

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure staff were correctly wearing face masks while preparing food trays. This deficient practice had the potential to effect 20 of 20 residents who received food from the kitchen. Findings include: 1. During a random observation, on 06/08/20 at 12:45 p.m., Employee 1 was observed working in the kitchen, without a face mask. At this time, he indicated he took his mask off to get a drink of water. 2. During the same observation, Employee 2, who was also working in the kitchen, was observed wearing her mask below her nose. At this time, she indicated it slipped off her nose. During an interview, on 06/08/20 at 1:00 p.m., LPN 3 indicated all staff were to wear a mask in the facility during their entire shift. A facility policy, titled Interim Personal Protective Equipment (PPE) and Strategies to Optimize the Supply of Equipment, dated 04/06/20, provided by the Director of Nursing on 06/08/20 at 1:50 p.m., indicated .Team members are currently expected to wear face masks .in all communities .While preparing, dishing and serving food 3.1-18(l)		

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.