

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2014
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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F000000	<p>This visit was for the Investigation of Complaint IN00143844.</p> <p>Complaint IN00143844 - Substantiated. Federal/State deficiencies related to the allegations are cited at F246, F312, and F323.</p> <p>Survey dates: February 17 and 18, 2014</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Survey team: Betty Retherford RN</p> <p>Census bed type: SNF: 18 SNF/NF: 77 Total: 95</p> <p>Census payor type: Medicare: 22 Medicaid: 49 Other: 24 Total: 95</p> <p>Sample: 7</p> <p>These deficiencies also reflect state</p>	F000000		

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.

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F000246 SS=D	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on record review, observation, and interview, the facility failed to ensure drinking water and personal items were easily accessible for use for 2 of 3 residents reviewed who spent frequent hours in bed and who were not independently ambulatory in a sample of 7. (Resident #B and #C)</p> <p>Findings include:</p> <p>1.) During an observation on 2/17/14 at 10:10 a.m., Resident #B was resting in bed in her room. The resident was short in stature and had half side rails up on her bed. The resident did not have an over-the-bed table in her room. Her water was on the middle section of a</p>	F000246	<p>This plan of correction is to serve as Countryside Manor</p> <p>Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Countryside Manor Health and Living Community or its management</p> <p>company that the allegations contained in the survey report is a</p>	02/28/2014	

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	<p>bedside stand located next to the head of the bed. The water and/or other items on the nightstand were not accessible to the resident unless she scooted up in bed and then sat up to reach over and get them.</p> <p>During an observation on 2/17/14 at 2:30 p.m., Resident #B was resting in bed in her room. The resident did not have an over-the-bed table in her room. Her water and Kleenex were on the middle section of a bedside stand located next to the head of the bed. The water and/or other items on the nightstand were not easily accessible to the resident.</p> <p>During an observation on 2/18/14 at 10:05 a.m., Resident #B was resting in bed in her room. The resident did not have an over-the-bed table in her room. Her Kleenex were on the middle section of a bedside stand located next to the head of the bed. No water was noted in the room.</p> <p>LPN #3 was interviewed in the resident's room on 2/18/14 at 10:20 a.m. Information was requested related to why the resident did not have an over-the-bed table in her room so water and personal items could be in easy reach. LPN #3 indicated she did not know why</p>		<p>true and</p> <p>accurate portrayal of the provision of nursing care and other services in this</p> <p>facility. Nor does this submission constitute an agreement or admission of the</p> <p>survey allegations.</p> <p>F246</p> <p>1. Residents #B & #C currently have drinking water and</p> <p>personal items easily accessible at bedside.</p>		

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	<p>there was not an over-the-bed table in her room. CNA #4 entered the resident's room with a styrofoam cup of ice water at that time and placed it on the bedside stand next to the head of the resident's bed. LPN #3 asked CNA #4 where Resident #B's over-the-bed table was. CNA #4 indicated "she hasn't had one in a long time, they [staff] keep taking it for other things".</p> <p>LPN #3 indicated "We need to get one for her."</p> <p>The clinical record for Resident #B was reviewed on 2/17/14 at 10:25 a.m. Diagnoses for the resident included, but were not limited to, cerebrovascular disease, debility, osteoarthritis, and difficulty in walking.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/22/13, indicated Resident #B required extensive assistance of the staff for transfers.</p> <p>LPN #1 was interviewed on 2/18/14 at 3:20 p.m. When asked if Resident #B would be able to pick up a glass of water if it were within reach and take a drink by herself, LPN #1 indicated "yes".</p>		<p>2. Other residents were reviewed to ensure that they had drinking water and personal items easily accessible at bedside. Any issues identified were corrected.</p> <p>3. The systemic change will be that staff will be educated ensuring that drinking water and personal items are easily accessible at bedside.</p> <p>4. The Director of Nursing or designee will complete a random audit of residents who spend frequent hours in bed will be completed to ensure that drinking water and</p>	

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	<p>2.) During an observation on 2/17/14 at 10:05 a.m., Resident #C was resting in bed in her room. The resident's over-the-bed table, which held her drinking water and some other items, was next to the window and was not in reach of the resident. She would have been unable to get a drink without getting out of bed.</p> <p>During an observation 2/17/14 at 2:35 p.m., Resident #C was observed resting in bed. The resident's over-the-bed table, containing the resident's water, was observed in the same location as previously noted. It was not within the resident's reach.</p> <p>During an observation 2/18/14 at 9:40 a.m., Resident #C was observed resting in bed. The resident's over-the-bed table, containing the resident's water, was observed by the window in the same location as previously noted. It was not within the resident's reach.</p> <p>During an observation with LPN #3 on 2/18/14 at 10:25 a.m., LPN #3 noted Resident #C's over-the-bed table was not within her reach. She moved the table from the window area and put it next to the resident's</p>		<p>personal items are easily accessible.</p> <p>This audit will be completed five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 28, 2014.</p>				

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	<p>bed. She asked the resident if she would like a drink, and the resident indicated "yes". LPN #3 assisted the resident with a drink at that time.</p> <p>The clinical record for Resident #C was reviewed on 2/17/14 at 9:50 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, diabetes mellitus, and chronic airway obstruction.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/31/14, indicated Resident #C required extensive assistance of the staff for transfers.</p> <p>LPN #1 was interviewed on 2/18/14 at 3:20 p.m. When asked if Resident #C would be able to pick up a glass of water if it were within reach and take a drink by herself, LPN #1 indicated "yes".</p> <p>This federal tag relates to complaint IN00143844.</p> <p>3.1-3(v)(1)</p>				

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	<p>LPN #3 was interviewed on 2/18/14 at 10:20 a.m. She indicated some of the resident's nails were jagged and her nails needed to be trimmed.</p> <p>The clinical record for Resident #B was reviewed on 2/17/14 at 10:25 a.m. Diagnoses for the resident included, but were not limited to, cerebrovascular disease, debility, osteoarthritis, and difficulty in walking.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/22/13, indicated Resident #B required extensive assistance of the staff bathing and hygiene needs.</p> <p>A health care plan problem, dated 9/13/12 and last reviewed on 11/22/13, indicated Resident #B required set up, cueing, and assistance with grooming. One of the approaches for this problem was "Provide set up and verbal cues for grooming face, hands, armpits, peri-area. Provide physical prompts/assist as needed."</p> <p>2.) During an observation on 2/17/14 at 10:05 a.m., Resident #C was resting in bed in her room. Her fingernails were noted to be long</p>		<p>3. The systemic change includes that the C.N.A.s and nurses will be educated that nail care should be offered in a timely manner.</p> <p>4. The Director of nursing or designee will complete a random audit of residents to ensure that nail care is provided timely. This audit will be completed five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and</p>		

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	<p>and some were jagged and irregular in shape.</p> <p>During an observation with LPN #3 on 2/18/14 at 10:25 a.m., Resident #C was observed resting in bed. The resident's fingernails were noted to be long and some had jagged, uneven edges.</p> <p>LPN #3 was interviewed on 2/18/14 at 10:25 a.m. She indicated some of the resident's nails were jagged and her nails needed to be trimmed.</p> <p>The clinical record for Resident #C was reviewed on 2/17/14 at 9:50 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, diabetes mellitus, and chronic airway obstruction.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/31/14, indicated Resident #C required extensive assistance of the staff for bathing and hygiene needs.</p> <p>A health care plan problem, dated 11/18/13, indicated Resident #C required the assistance of the staff for all activity of daily living tasks. Approaches for this problem included, but were not limited to,</p>		<p>frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 28, 2014.</p>		

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	<p>"Provide extensive to total assistance for bed mobility, dressing, grooming, locomotion, showers, toileting, transfers."</p> <p>3.) Review of the current facility policy, revised October 2010, titled "Care of Fingernails/Toenails", provided by the DoN on 2/18/14 at 4 p.m., included, but was not limited to the following:</p> <p>"Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections.</p> <p>Preparation</p> <ol style="list-style-type: none"> 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies as needed. <p>General Guidelines</p> <ol style="list-style-type: none"> 1. Nail care includes daily cleaning and regular trimming...." <p>This federal tag relates to Complaint IN00143844.</p> <p>3.1-38(a)(3)(E)</p> 			

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review, observation, and interview, the facility failed to ensure interventions identified in their plan of care to prevent possible falls were in place and/or functional for 2 of 3 residents reviewed for fall prevention in a sample of 7. (Resident #B and #E)</p> <p>Findings include:</p> <p>1.) During an observation on 2/17/14 at 8:45 a.m., Resident #B was up in her wheelchair in her room. The resident's personal alarm was in place on her chair, but her call light was out of reach on the floor at the foot of the resident's bed. The resident indicated she would like to be put to bed and the staff were notified.</p> <p>During an observation on 2/17/14 at 10:10 a.m., Resident #B was in bed resting with a half rail up on the side of the bed. The resident did not have an over-the-bed table and her</p>	F000323	F323	02/28/2014		<p>1. Residents #B and #E currently have interventions in place per their plan of care for fall prevention.</p> <p>2. Other residents care plans were reviewed to ensure that their interventions were in place and functional per their plan of care for fall prevention. Any issues identified were corrected.</p>	

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	<p>water and was on the bedside stand out of the resident's reach. The resident's call light was still in the same position on the floor at the foot of the resident's bed. The resident would not have been able to see or reach her call light.</p> <p>LPN #1 was interviewed on 2/17/14 at 10:13 a.m. regarding the lack of a call light in reach for Resident #B. LPN #1 indicated the resident's call light should be in reach and she obtained the call light from the floor and placed in reach of the resident.</p> <p>The clinical record for Resident #B was reviewed on 2/17/14 at 10:25 a.m. Diagnoses for the resident included, but were not limited to, cerebrovascular disease, debility, osteoarthritis, and difficulty in walking.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/22/13, indicated Resident #B required extensive assistance of the staff for transfers and toileting.</p> <p>A health care plan problem, dated 6/21/11 and last reviewed on 11/22/13, indicated Resident #B was at risk for falling related to a history of falls, weakness, incontinent</p>		<p>3. The systemic change includes that C.N.A.s and nurses will be educated that interventions per the plan of care for fall prevention, must be in place and functional for residents.</p> <p>4. The Director of nursing or designee will complete a random audit of residents to ensure that interventions are in place and functioning for the plan of care for fall prevention. This audit will be completed five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to</p>		

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	<p>episodes, and assist for activities of daily living. Approaches for this problem included, but were not limited to, "Keep call light in reach at all times", "Keep personal items and frequently used items in reach", and "Equip resident with device [alarm] that monitors rising to be bed and chair."</p> <p>Resident #B had a current physician's order for a personal body alarm on bed and chair. The original date of this order was 1/16/13.</p> <p>A "Fall Event" report, completed on 1/11/14 at 10:46 p.m., indicated the resident had been found on the floor in her room near the doorway at 10:37 p.m. that date. The note indicated the resident had been in bed prior to the fall. The fall event report and the nurses notes related to the fall lacked any information related to whether the residents bed alarm was sounding at the time of the fall. The notes lacked any information related to whether the resident's call light was in reach at the time of the fall. No injuries were noted.</p> <p>An "Observation" post fall assessment note, completed related</p>		<p>total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 28, 2014.</p>		

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	<p>to the 1/11/14 fall, dated 1/13/14, indicated the resident had been found on the floor in her room. The assessment indicated the alarms had not been sounding at the time of the resident's fall. The assessment indicated staff would be educated to ensure alarms were on and working to help prevent future falls. A new intervention for non-skid socks to be worn in bed was also added at that time.</p> <p>2.) During an observation on 2/17/14 at 2:40 p.m., Resident #E was resting in her low bed in her room. The resident's call light was on the the top of her nightstand and was out of the resident's eyesight and reach.</p> <p>LPN #2 was interviewed on 2/17/14 at 2:42 p.m. regarding the lack of a call light in reach for Resident #E. LPN #2 indicated the resident's call light should be in reach and she obtained the call light from the top of the nightstand and placed in reach of the resident.</p> <p>The clinical record for Resident #E was reviewed on 2/17/14 at 2:15 p.m. Diagnoses for the resident included, but were not limited to, anxiety state, hypertension,</p>			

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	<p>congestive heart failure, and history of right hip fracture 10/13.</p> <p>A health care plan problem, dated 12/23/13, indicated Resident #E was at risk for falling related to confusion, schizophrenia, history of falls resulting in a hip fracture, and psychotropic and cardiovascular medication use. Approaches for this problem included, but were not limited to, "Keep call light in reach at all times."</p> <p>The clinical record indicated the resident had a history of frequent falls occurring on 1/10, 1/24, 1/26, and 2/2/14.</p> <p>3.) Review of the current, but undated, facility policy, titled "Fall Management Program", provided by the DoN on 2/18/14 at 4 p.m., included, but was not limited to the following:</p> <p>"Fall Management Program</p> <p>Purpose: To reduce the number of falls and minimize injuries related to falls. The goal of the interdisciplinary team is to identify residents with history of and potential for falls and develop an effective individualized fall</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2014
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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	<p>management plan.</p> <p>The Program will consist of Four components:</p> <ol style="list-style-type: none"> 1) Identifying residents with history of and potential for falls 2) Developing individualized fall management programs 3) Implementing the program 4) Monitor and evaluate the effectiveness of the program...." <p>This federal tag relates to Complaint IN00143844.</p> <p>3.1-45(a)(2)</p> 			