

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2014
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NAME OF PROVIDER OR SUPPLIER  COUNTRY CHARM	STREET ADDRESS, CITY, STATE, ZIP CODE 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142
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R000000	<p>This visit was for the Investigation of Complaint IN00142464.</p> <p>Complaint IN00142464 - Substantiated. State residential deficiency related to the allegation is cited at R0090.</p> <p>Survey date: January 21, 2014</p> <p>Facility number: 011478 Provider number: 011478 AIM number: N/A</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: Residential: 83 Total: 83</p> <p>Census payor type: Medicare: 46 Other: 37 Total: 83</p> <p>Sample: 03</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 24, 2014; by Kimberly</p>	R000000	<p>As the Administrator I will make sure that all unusual occurrences are reported within the 24 hour period. And final reports are reported at the correct time by overseeing the task and receiving a copy of all reports submitted to assure they have been done on time and correctly.</p>	
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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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	Perigo, RN.				

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R000090	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any</p>			

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	<p>subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on observation, record review, and interview, the facility failed to inform the Indiana State Department of Health within 24 hours of an unusual occurrence for 1 of 2 unusual occurrences reviewed.</p> <p>Findings include:</p> <p>During the initial tour on 1/21/14 at 10:30 a.m., observation of the south wing indicated a plastic zipper door was hanging where the fire door would have been. Construction workers were behind the plastic zipper door, on the south wing, putting up drywall. Fifteen resident rooms were observed to have been affected by a water leak. The water leak was caused by a broken water pipe that burst during the freezing weather.</p> <p>On January 21, 2014; the Administrator provided a Response</p>	R000090	To be in compliance with the State Law I will have a inservice with my Director of Nursing and my Business Manager in regards to want is considered an unusual occurrence. Our company policy in responding to water breaks will include making a report to the State of such an occurrence. As Administrator I will oversee and assist in making State reports during unusal occurrences so that they will be done within the 24 hour period required by the State Law. I will, as the Administrator, over see and assist in making any required follow-up reports to assure they are done within the 5 days of the initial report as required by the State Law. All reports will be kept in the Asministrator's office in a 24 hour binder to affirm reports have been done according to the State regulations.	01/31/2014

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	<p>Form dated January 09, 2014 at 4:15 p.m. The form indicated, "Country Charm had a water leak...We got all the residents [who resided on the south wing] placed with family or our empty rooms ..."</p> <p>Interviews with Residents A, B, and C, who had resided on the south wing, indicated the facility was on the water leak problem immediately and moved all residents to a safer place.</p> <p>Review of the facility emergency and disaster plan from the Physical Environment Policy #10.08, from The Assisted Living Policy Manual v 1.0, 2002 page 4, related to flooding was to evacuate residents from the flooded area immediately.</p> <p>Interview with the Executive Director (ED) on 1/2/14 at 11:50 a.m., indicated on 1/10/14 after the water leak happened, the business office had not notified the Indiana State Department of Health (ISDH). The ED indicated ISDH was not notified in the required 24 hour time frame and when the ED found out, they notified ISDH on 1/13/14 at 6:00 p.m [four days after occurrence). A follow up report was sent to ISDH on 1/14/14 at 2:45 p.m.</p>						

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	This state residential finding relates to Complaint IN00142464.			