

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 09/18/2015
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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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(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181623.</p> <p>Complaint IN00181623 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: September 17 and 18, 2015</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Census bed type: SNF: 21 SNF/NF: 81 Total: 102</p> <p>Census payor type: Medicare: 30 Medicaid: 57 Other: 15 Total: 102</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F 0000	<p>This plan of correction is to serve as Countryside Manor Health & Living Community credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Countryside Manor Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We would like to request a desk review for this Plan of Correction.</p>	

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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F 0282 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>QR was completed by 11474 on September 23, 2015.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, record review and interview, the facility failed to ensure residents were turned and repositioned every two hours as indicated per the facility policy for 2 of 4 residents reviewed for turning and repositioning. (Resident E and Resident D)</p> <p>Findings include:</p> <p>1. Review of Resident E clinical record was on 9/17/15 at 10:56 a.m. The diagnoses included, but were not limited to, fractured tibia, vitamin B deficiency, Parkinson's, anxiety, diabetes type 2 and depressive disorder. Resident E was on contact isolation for Clostridium Difficile (C-diff).</p>	F 0282	<p>This plan of correction is to serve as Countryside ManorHealth & Living Community credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Countryside Manor Health and Living Community or its managementcompany that the allegations contained in the survey report are a true andaccurate portrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations.</p> <p>We would like torequest a desk review for this Plan of Correction.</p>	10/01/2015	

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	<p>Review of Resident E's orders indicated an order, dated 9/11/15, for turning and repositioning every shift.</p> <p>Review of Resident E's care plan indicated a problem, dated 9/14/15, for fall prevention. The interventions included, but were not limited to the resident was to be toileted every 2 hours.</p> <p>During an observation on 9/17/15 at 9:45 a.m., Resident E was observed sitting upright in bed on her back.</p> <p>During an observation on 9/17/15 at 1:25 p.m., Resident E was observed sitting upright in bed on her back. Resident E indicated she had not been repositioned or turned between 9:45 a.m. and 1:25 p.m.</p> <p>During an observation on 9/17/15 at 2:30 p.m., Resident E was observed sitting upright in bed on her back.</p> <p>During an observation on 9/17/15 at 3:44 p.m., Resident E was observed sitting upright in bed on her back.</p> <p>During an observation on 9/18/15 at 7:55 a.m., Resident E was observed sitting upright in bed on her back. Resident E indicated she had been in the same</p>		<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PERCAREPLAN</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice?</p> <p>Head to Toe assessment completedon Resident D & E with no negative outcomes. Resident D & E have a turning and repositioningintervention in place as part of their plan of care.</p> <p>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken?</p> <p>Residents that require extensiveassistance or total assistance with bed mobility per the MDS assessment havethe potential to be affected.</p> <p>Residents that require extensive ortotal assistance with bed mobility will be identified by MDS assessment. The plan of care and assignment sheets forthese identified residents will be reviewed to ensure proper turning andrepositioning interventions exist.</p> <p>Residents admitted to the facilitywill be assessed upon admission for bed mobility assistance needed. If the resident requires extensive to totalassistance, the plan of care and assignment sheet will be initiated to includeturning and repositioning</p>	

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	<p>position all night.</p> <p>During an observation on 9/18/15 at 10:00 a.m., Resident E was observed in bed on her back in a prone position.</p> <p>During an observation on 9/18/15 at 11:20 a.m., Resident E was observed sitting upright in bed on her back.</p> <p>During an interview on 9/17/15 at 9:45 a.m., Resident E indicated she was unable to reposition herself without help from staff due to a broken left shoulder and being in the same position all the time was uncomfortable.</p> <p>2. Review of Resident D's clinical record was on 9/17/15 at 11:45 a.m. The diagnoses included, but were not limited to, heart failure, hypertension, peripheral vascular disease, cervical disc disorder and osteopenia.</p> <p>During an observation on 9/17/15 at 11:05 a.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/17/15 at 12:05 p.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/17/15 at 1:07 p.m., Resident D was observed in bed on</p>		<p>intervention.</p> <p>Residents with a decline in bed mobility to extensive ortotal will be identified by the MDS Coordinator. If the resident declines to extensive or totalassistance with bed mobility, the plan of care and assignment sheet will be reviewedand updated to include turning and repositioning intervention.</p> <p>Nursing staff will utilize anaudit tool to ensure residents with turning and repositioning interventions arereturned and repositioned every two hours.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur?</p> <p>Nursing staff and caring heartrepresentatives will be re-educated on theprocedure for performing and documenting turning and repositioning every twohours.</p> <p>Nursing staff will utilize anaudit tool to ensure residents with turning and repositioning interventions arereturned and repositioned every two hours.</p> <p>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be</p>	

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	<p>her right side in a fetal position.</p> <p>During an observation on 9/17/15 at 2:10 p.m., Resident D was observed in bed on her right side in a fetal position. Resident D was put back to bed on her right side.</p> <p>During an observation on 9/17/15 at 3:42 p.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/17/15 at 3:00 p.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/18/15 at 7:50 a.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/18/15 at 10:00 a.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/18/15 at 10:44 a.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an observation on 9/18/15 at 11:15 a.m., Resident D was observed in bed on her right side in a fetal position.</p> <p>During an interview on 9/18/15 at 10:49 a.m., Certified Nursing Assistant (CNA) # 6 indicated the turning and</p>		<p>put into place?</p> <p>The Director of Nursing or designee will utilize an audit tool on random residents to ensure care plans and assignment sheets, for residents that require extensive or total assistance with bed mobility, contain intervention for turning and repositioning, weekly x4 weeks, monthly x 5 months, The Director of Nursing or designee will audit turning and repositioning documentation 5 times weekly for 4 weeks, then twice weekly for 5 months. Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Staff will be re-educated up to and including termination for failure to comply. Facility Administrator will be responsible for ensuring compliance.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Correction date - 10-1-15</p>	

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	<p>repositioning schedule was on the CNA assignment sheets. CNA #6 indicated residents were to be turned and repositioned every 2 hours unless noted differently.</p> <p>During an interview on 9/18/15 at 10:28 a.m., CNA #3 indicated the turning and repositioning schedule was on the CNA assignment sheets. CNA #3 indicated residents were to be turned and repositioned every 2 hours unless noted differently.</p> <p>During an interview on 9/18/15 at 9:11 a.m., the Corporate Consulting Regional Nurse indicated staff were aware of the turning and repositioning schedule. The Corporate Consult Regional Nurse indicated it was standard practice to turn and reposition residents every 2 hours unless it was ordered differently by the physician. "It's standard per the CNA curriculum and protocol to turn and reposition everyone who can't reposition themselves. If more frequent repositioning is needed due to pressure ulcers , etc, it would be on the assignment sheet." The Corporate Consulting Nurse also indicated the orders read "turn and reposition every shift" but that was a reminder. "Staff is aware that the residents are to be turned and repositioned every 2 hours unless</p>			

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	<p>indicated otherwise due to a specific condition."</p> <p>Review of a current care plan, dated 1/25/12, for Resident D for Activities of Daily Living indicated Resident D was to be provided extensive assistance for repositioning and transferring. Another intervention indicated Resident D was to maintain body in functional alignment when at rest.</p> <p>Review of a current CNA assignment sheets for Units East and West indicated the following turn schedule: "11 PM - Left, 1 AM - Back, 3 AM - Right, 5 AM - Left, 7 AM - Back, 9 AM - Right, 11 AM - Back, 1 PM - Left, 3 PM - Right, 5 PM - Back, 7 PM - Left, 9 AM - Right"</p> <p>Review of a current policy, dated October 2014, titled "Repositioning" provided by the Corporate Consulting Regional Nurse, indicated the following: "Repositioning...General Guidelines...3. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning....Interventions/Care Strategies: A turning/repositioning program includes a continuous consistent program for changing the resident's position and realigning the body. A program is defined as a specific approach</p>			

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F 0441 SS=D Bldg. 00	<p>that is organized, planned, documented, monitored and evaluated. 1. Residents who are in bed should be on a q [every] 2 hour turning program...."</p> <p>3.1-35(a)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact</p>			

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	<p>for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review the facility failed to ensure staff followed infection control isolation protocol for residents with Clostridium Difficile for 1 of 4 residents reviewed for infection control. (Resident E)</p> <p>Findings include:</p> <p>Review of Resident E clinical record was on 9/17/15 at 10:56 a.m. The diagnoses included, but were not limited to, fractured tibia, vitamin B deficiency, Parkinson's, anxiety, diabetes type 2 and depressive disorder. Resident E was on contact isolation for Clostridium Difficile (C-diff).</p> <p>During an observation on 9/17/15 at 9:58 a.m., LPN #9 was inside Resident E's room with a plastic trash bag in her hand. LPN #9 was not wearing any personal protective equipment. The incident was also witnessed by LPN #5, who indicated all staff knew to wear personal protective equipment while in an isolation room. Upon further inspection, there were no isolation gowns in the isolation cart</p>	F 0441	<p>F 441</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice? Personal protective equipment(PPE) was replaced for Resident E.</p> <p>Nurse # (5 & 9) and Therapist # (10 & 11) received education at time of incident.</p> <p>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken? All residents that require isolation have the potentialto be affected.</p> <p>Rooms of resident in isolationwere audited to ensure PPE supplies existed per policy. PPE supplies were stocked perisolation policy.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur? Facility staff were re-educatedon</p>	10/01/2015

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	<p>inside the room.</p> <p>During an observation on 9/18/15 at 10:00 a.m., Therapist #10 was standing close to Resident E's bed without wearing personal protective equipment. Therapist #10 left the resident's room and used hand sanitizer before returning to the therapy room.</p> <p>During on observation on 9/18/15 at 10:45 a.m., Therapist #11 was inside Resident E's room performing a procedure. Therapist #11 was wearing gloves but no other personal protective equipment.</p> <p>During an interview on 9/18/15 at 11:33 a.m., the Corporate Consult Regional Nurse indicated all staff had been inserviced on infection control isolation protocol. The Consult Registered Nurse indicated all staff had been inserviced on proper hand washing procedures for residents with c-diff.</p> <p>Review of a current policy, dated March 23, 2015, titled "Clostridium Difficile (C-Diff) Policy", provided by the Corporate Consult Regional Nurse on 9/1815 at 8:38 a.m., indicated the following: "...Contact isolation requires the facility to enact the following precautions and</p>		<p>handwashing, isolation policy, use of PPE and included emphasis on C-diff.</p> <p>Residents in isolation will berounded on daily, using a compliance rounds tool, by caring heartsrepresentatives and nurses to ensure that staff is wearing appropriate PPE during care.</p> <p>The Director of Nursing or designee will monitor to makesure PPE supplies are available for isolation rooms.</p> <p>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place?</p> <p>The Director of Nursing or designee will audit compliancerounds tools 5 times weekly x 4 weeks, then twice weekly x 5 months.</p> <p>The Director of Nursing or designeewill audit random staff handwashing utilizing the Handwashing Skills ValidationTool weekly x 4 weeks, then monthly x 5 months</p> <p>Results of these audits will bereviewed at the monthly Quality Assurance Committee meeting and frequency andduration of reviews will be adjusted as needed.</p> <p>Staff will be re-educated up to andincluding termination for failure to comply.</p> <p>Facility Administrator will beresponsible for ensuring</p>	

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F 0514 SS=D Bldg. 00	<p>educate the staff, resident affected and anyone who visits the resident affected: ...An infection control cart should be assimilated that contains personal protective equipment (PPE) such as; gloves and none-absorbent gowns. The car can be placed inside of the resident room. ... Once the PPE is removed the staff will then wash their hands and use a paper towel to open the door to the room leaving behind all the equipment and PPE used on the affected resident. Alcohol gels are not an acceptable form of decontaminating your hands, soap and water must be used...."</p> <p>3.1-18(b)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p>		<p>compliance.</p> <p>V. Plan of Correction completiondate.</p> <p>Planof Correction Date 10-1-15</p>	

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	<p>Based on record review and interview, the facility failed to ensure documentation in resident records were complete for 1 of 4 residents reviewed for complete and accurate clinical record documentation. (Resident B)</p> <p>Findings include:</p> <p>Review of Resident B clinical record was on 9/17/15 at 8:57 a.m.. The diagnoses included, but were not limited to, anxiety, anemia, atrial fibrillation, coronary artery disease, hypertension and chronic lymphocytic leukemia.</p> <p>Review of the nursing notes dated 8/4/15 at 5:45 p.m., indicated the following: "res [sic] found in chair unresponsive and o2 at 70%. res [sic] put on 10L O2 and called 911. family [sic] and AHA notified, left message with DON notified on call." The note lacked any documentation of a resident assessment. The note lacked any documentation of interventions taken to assist the resident other than placing the resident on oxygen. The note lacked any documentation of any response the resident may have had to interventions taken.</p> <p>During an interview on 9/17/15 at 3:08 p.m., LPN #4 indicated she had written the note but was not present in the room</p>	F 0514	<p>F514 –483.75 –Resident Records-Complete/Accurate/Accessible</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice?</p> <p>Resident B no longer resides at the facility.</p> <p>How other residents havingthe potential to be affected by the same deficient practice will be identifiedand what corrective action(s) will be taken?</p> <p>Residents who have a change incondition have the potential to be affected.</p> <p>Residents who have a change incondition will be assessed by nurse and the results of the assessment will bedocumented in the resident’s medical record.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur?</p> <p>Licensed Nurses have beenre-educated on assessment and documentation in the medical record of aresidents change in condition.</p> <p>Nurse Managers will reviewchanges in condition documentation daily in the clinical meeting to ensuredocumentation of the</p>	10/01/2015

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 09/18/2015
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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>at the time of the incident. "I was helping the nurse by writing the note and making the calls."</p> <p>During an interview on 9/18/15 at 9:41 a.m., LPN #12 indicated she had been called to the resident's room by the CNA (Certified Nursing Assistant) when the resident had been found unresponsive. LPN #12 indicated a full assessment was performed and verbal and tactile stimuli was given in an attempt to gain a response from the resident. LPN #12 indicated the resident became more responsive and was then sent to the emergency room via an ambulance. LPN #12 stated she thought another nurse had written a nursing note regarding the incident. "I guess I didn't write a note. I should have wrote [sic] a note."</p> <p>3.1-50(a)(1)</p>		<p>assessment and change in condition exist in the medicalrecord.</p> <p>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place?</p> <p>The Director of Nursing or designee will utilize and audit tool to review changes in condition assessment and documentation 5 times weekly for 4 weeks, then twice weekly for 5 months.</p> <p>Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Staff will be re-educated up to and including termination for failure to comply.</p> <p>Facility Administrator will be responsible for ensuring compliance.</p> <p>V. Plan of Correction completiondate.</p> <p>Plan of Correction: 10-1-15</p>	