

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/19/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123
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F000000	<p>This visit was for the Investigation of Complaint IN00125506.</p> <p>Complaint IN00125506 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225.</p> <p>Survey Dates: 3/18/2013 and 3/19/2013</p> <p>Facility Number: 012534 Provider Number: 155792 AIM Number: 201028420</p> <p>Survey Team: Lora Brettnacher, RN, TC</p> <p>Census Bed Type: SNF: 26 SNF/NF: 114 Total: 140</p> <p>Census Payor Type: Medicare: 33 Medicaid: 62 Other: 55 Total: 140</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F000000	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after April 8, 2013.</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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	16.2. Quality review completed on 03/22/2103 by Brenda Nunan, RN.				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record</p>	F000225	1.What corrective actions will	04/08/2013			

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	<p>review, the facility failed to ensure alleged violations of abuse were reported to the appropriate officials in accordance with State law, including the Indiana State Department of Health, for 1 of 1 allegation of abuse reviewed (Resident #E).</p> <p>During an interview on 3/19/2013 at 10:30 A.M., Resident E indicated, her roommate was up in the middle of the night. Resident E indicated a Certified Nursing Assistant (CNA) came into the room and tried to get her roommate to go back to bed. No one else was in the room. Resident E indicated, when her roommate refused to go back to bed, the CNA yelled at her and told her to get back in bed. She indicated she did not actually see the CNA put her hands on her roommate but she saw the CNA raise her hands in a motion which looked like she was going to push her.</p> <p>Resident E's record was reviewed on 3/19/2013 at 11:00 a.m. Her admission MDS (Minimum Data Set) assessment tool, dated 3/11/2013, indicated she was alert and oriented with a BIMS (Brief Interview Mental</p>		<p>be accomplished for those residents found to have been affected by the deficient practice? The allegation of abuse was reported to the Indiana State Department of Health by the Director of Nursing on 3/21/13. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what correction actions will be taken? All residents have the potential to be affected. The DNS and/or designee will conduct a staff in-service on abuse and reporting of abuse on April 2, 2013 and ongoing. All potential allegations of abuse will be reported timely to the Director of Nursing and Executive Director for investigation and reporting to ISDH per our policy.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?Any grievance alleging abuse or any allegation of abuse will be investigated immediately per abuse protocol. Grievances will be reviewed daily by ED/Designee. The DNS and/or designee will conduct a staff in-service on abuse and reporting of abuse on April 2, 2013 and ongoing. All potential allegations of abuse will be reported timely to the Director of Nursing and Executive Director for</p>				

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	<p>Status) of 15/15.</p> <p>A document dated 3/7/2013 and titled, "Resident/Family Concern/Grievance Form, provided by the DON (Director of Nursing) on 3/19/2013 at 11:30 A.M., indicated, "...Res. (resident) upset, stated evening CNA was rude to roommate, yelling at her, and talking inappropriately...."</p> <p>During an interview on 3/19/2013 at 12:00 p.m., The Administrator and DON (Director of Nursing) both indicated this allegation of verbal abuse was not reported as required. Review of a policy titled, "Abuse Prohibition, Reporting, and Investigation", provided by the DON on 3/18/2013 at 10:24 A.M., indicated, "...It is the policy of American Senior Communities to protect residents from abuse including... verbal abuse..." Verbal abuse-defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to resident or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.</p>		<p>investigation and reporting to ISDH per our policy 4. How the corrective actions will be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place? To ensure compliance, the DNS/ Designee is responsible for completion of the abuse CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		

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	<p>Examples would include, but are not limited to...scolding and/or speaking to them in harsh voice tones.... The Executive Director/designee will report all unusual occurrences, which include allegations of abuse, within 24 hours of discovery, to the Long Term Care Division of the Indiana State Department of Health...."</p> <p>This federal deficiency relates to Complaint IN00125506.</p> <p>3.1-28(a) 3.1-28(c)</p>				