

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  04/22/2014
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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 Complaints IN00146142, IN00147198, and IN00147658.</p> <p>Complaint IN00146142 substantiated no findings related to the allegations are cited</p> <p>Complaint IN00147198 substantiated, federal/state deficiencies related to the allegations are cited at F 371</p> <p>Complaint IN00147658 substantiated, federal/state deficiencies related to the allegations are cited at F 282 and F 329</p> <p>Survey dates: April 21, 22, 2014</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Survey team: Connie Landman RN-TC Kewanna Gordon RN Megan Burgess RN (April 22, 2014)</p> <p>Census bed type: SNF: 11 SNF/NF: 141 Total: 152</p> <p>Census payor type: Medicare: 30 Medicaid: 82 Other: 40 Total: 152</p> <p>Sample: 4</p>	F000000	The creation and submission of the Plan of Correction does not constitute an admission by this provider of 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 May 5th, 2014.	

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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F000282 SS=D	<p>These deficiencies cited also reflect state findings in accordance with 410 IAC 16.2. 483.20(k)(3)(ii) <b>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b> The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were implemented for monitoring residents on blood pressure (B/P) medications by checking blood pressures and heart rates and holding the medications when the B/P's and heart rates (HR) were outside the parameters ordered by the physician for 2 of 3 residents reviewed for B/P medication monitoring (Residents B and D).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 4/21/14 at 2:00 P.M. His diagnoses included, but were not limited to, hypotension, end stage renal disease, chronic back pain, diabetes mellitus and multiple myeloma.</p> <p>Resident B had a Physician's Order, dated 4/3/14, which indicated he was to receive Metoprolol Tartrate (antihypertensive, antianginal) 25 mg (milligrams) by mouth twice a day - hold for SBP (systolic B/P) less than 110 or HR less than 60.</p> <p>The April 2014, MAR (Medication Administration Record) indicated the Metoprolol was administered at 8:00 A.M. on April 4, 5, and 6, 2014. It also indicated the Metoprolol had been administered at 8:00</p>	F000282	<p><b>F282 - Services by Qualified Person/Per Care Plan</b></p> <p>- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p><b>Residents B and D were not identified</b></p> <p>- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p><b>All residents who have medications with hold orders related to blood pressure and heart rate could be affected.</b></p>	05/02/2014			

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	<p>P.M. on April 4, and 5, 2014. The MAR lacked documentation of any blood pressures or heart rates prior to administration of the medication. No doses had been circled which would have indicated a dose had been held.</p> <p>The computerized Matrix Vital Sign Record for Resident B documented: 4/3/14 at 4:54 P.M. B/P 95/55 4/5/14 at 11:55 A.M. B/P 99/62 4/5/14 at 8:59 P.M. B/P 91/53 4/6/14 at 11:39 A.M. B/P 80/70 The Nursing Notes lacked documentation the physician had been notified of any of the low blood pressures. The only B/P and HR on the Vital Sign Record at a time close to administration of this medication was on 4/4/14 at 8:15 P.M.</p> <p>2. The record for Resident D was reviewed on 4/22/14 at 10:00 A.M. Her diagnoses included, but were not limited to, dementia, diabetes mellitus, osteoarthritis, hypertension, edema, hypopotassemia, hypothyroidism, agitation and neuropathy.</p> <p>A current care plan, dated 3/27/14, indicated a problem of ineffective tissue perfusion related to hypertension, diabetes and edema. Interventions included, but were not limited to, administer medications as ordered and observe and document variations in B/P and notify MD.</p> <p>A Physician's Order, dated 3/26/14, indicated Resident D was to receive Metoprolol 200 mg 1 tablet by mouth daily - hold if SBP less than 100 or HR less than 60.</p> <p>The April 2014, MAR indicated the Metoprolol was administered daily at 8:00 A.M. The</p>		<p><b>An audit was completed of all other residents who have hold orders related to BP and/or HR for medications to ensure BP and/or HR readings are recorded on the MAR as ordered.</b></p> <p><b>Nursing staff will be in-serviced May 2 by the DNS/Designee on obtaining BP and/or HR before administering medications that have orders to hold based on BP and/or HR, documenting BP and HR on the MAR, and following the physician hold orders if indicated.</b></p> <p>- What measures will be put in to place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p><b>An audit was completed of all other residents who have hold orders related to BP and/or HR for medications to ensure BP and/or HR readings are recorded on the MAR as ordered.</b></p> <p><b>Nursing staff will be in-serviced May 2 by the DNS/Designee on obtaining BP</b></p>				

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	<p>MAR lacked documentation of any B/P or HR monitoring.</p> <p>The computerized Vitals Report for Resident D indicated: 4/2/14 at 6:11 P.M. a HR of 54 4/7/14 at 10:29 P.M. HR of 59 4/8/14 at 1:00 P.M. B/P 99/54, HR 58 4/10/14 at 9:23 P.M. HR 54 4/12/14 12:14 P.M. HR 54 The Vitals Report lacked documentation of any B/P or HR between the hours of 12:11 A.M. and 10:00 A.M. on any day in April, 2014.</p> <p>The Nursing Notes lacked documentation of physician notification of the low B/P or HR's.</p> <p>During an interview with LPN #1 on 4/22/14 at 11:20 A.M., she indicated the B/P's and HR's were documented in the Matrix (Vitals Report). She also indicated she would usually document the vital signs when she was doing her Medicare charting later in the shift. She indicated she "usually takes it" (B/P and HR) but sometimes night shift has taken it.</p> <p>During an interview with the DNS (Director of Nursing Services) on 4/22/14 at 11:50 A.M., she indicated she expected B/P's and HR's to be documented on the MARs. She indicated she had spoken with LPN #1 and explained to her that she couldn't prove she had taken the vitals prior to administration of the medication if it was not documented on the MAR at that time. She also indicated a B/P or HR at 6:00 A.M. was not always accurate for an 8:00 A.M. medication.</p> <p>This federal tag relates to Complaint IN00147658.</p>		<p><b>and/or HR before administering medications that have orders to hold based on BP and/or HR, documenting BP and/or HR on the MAR, and following the physician hold orders if indicated. Nurse managers to check MAR daily to ensure BP and HR were taken, documented, and physician order was followed.</b></p> <p><b>Staff not in compliance with plan will receive further education and/or disciplinary action.</b></p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p><b>The Blood Pressure and HR monitoring CQI tool will be completed by the DNS/designee weekly x 4weeks, 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</b></p>				

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F000329 SS=D	<p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure monitoring and ongoing collection of vital signs to ensure antihypertensive medications were held as ordered by the physician for 2 of 3 residents reviewed for B/P medications in a sample of 4 (Residents B and D).</p>	F000329	<p><b>developed to assure compliance.</b></p> <p><b>F329 – Drug Regimen is Free From Unnecessary Drugs</b></p> <p>- What corrective action(s) will be accomplished for those</p>	05/02/2014	

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	<p>2. The record for Resident D was reviewed on 4/22/14 at 10:00 A.M. Her diagnoses included, but were not limited to, dementia, diabetes mellitus, osteoarthritis, hypertension, edema, hypopotassemia, hypothyroidism, agitation and neuropathy.</p> <p>A current care plan, dated 3/27/14, indicated a problem of ineffective tissue perfusion related to hypertension, diabetes and edema. Interventions included, but were not limited to, administer medications as ordered and observe and document variations in B/P and notify MD.</p> <p>A Physician's Order, dated 3/26/14, indicated Resident D was to receive Metoprolol 200 mg 1 tablet by mouth daily - hold if SBP less than 100 or HR less than 60.</p> <p>The April, 2014, MAR indicated the Metoprolol was administered daily at 8:00 A.M. The Mar lacked documentation of any B/P or HR monitoring.</p> <p>The computerized Vitals Report for Resident D indicated: 4/2/14 at 6:11 P.M. a HR of 54 4/7/14 at 10:29 P.M. HR of 59 4/8/14 at 1:00 P.M. B/P 99/54, HR 58 4/10/14 at 9:23 P.M. HR 54 4/12/14 12:14 P.M. HR 54 The Vitals Report lacked documentation of any B/P or HR between the hours of 12:11 A.M. and 10:00 A.M. on any day in April, 2014.</p> <p>The Nursing Notes lacked documentation of physician notification of the low B/P or HR's.</p> <p>During an interview with the DNS (Director of Nursing Services) on 4/21/14 at 12:00 P.M.,</p>		<p><b>indicated.</b></p> <p>- What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p><b>An audit was completed of all other residents who have hold orders related to BP and/or HR for medications to ensure BP and/or HR readings are recorded on the MAR as ordered.</b></p> <p><b>Nursing staff will be in-serviced May 2 by the DNS/Designee on obtaining BP and/or HR before administering medications that have orders to hold based on BP and/or HR, documenting BP and/or HR on the MAR, and following the physician hold orders if indicated. Nurse managers to check MAR daily to ensure BP and HR were taken, documented, and physician order was followed.</b></p>		

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F000371 SS=F	<p>she indicated there had been some recent disciplinary action taken due to B/P's not being monitored prior to administration of B/P medication and the medication not being held as ordered.</p> <p>During an interview with LPN #1 on 4/22/14 at 11:20 A.M., she indicated the B/P's and HR's were documented in the Matrix (Vitals Report). She also indicated she would usually document the vital signs when she was doing her Medicare charting later in the shift. She also indicated she "usually takes it" (B/P and HR) but sometimes night shift has taken it.</p> <p>During an interview with the DNS on 4/22/14 at 11:50 A.M., she indicated she expected B/P's and HR's to be documented on the MARs. She indicated she had spoken with LPN #1 and explained to her that she couldn't prove she had taken the vitals prior to administration of the medication if it was not documented on the MAR at that time. She also indicated a B/P or HR at 6:00 A.M. was not always accurate for an 8:00 A.M. medication.</p> <p>This federal tag relates to Complaint IN147658.</p> <p>3.1-48(a)(3)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p>		<p><b>Staff not in compliance with plan will receive further education and/or disciplinary action.</b></p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p><b>The Blood Pressure and HR monitoring CQI tool will be completed by the DNS/designee weekly x 4weeks, 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.</b></p>				

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	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review the facility failed to ensure that foods were properly stored under sanitary conditions, and failed to maintain a sanitary environment for food preparation.</p> <p>Findings include:</p> <p>During observations of the kitchen on 4/21/14 at 9:41 a.m., the kitchen floors were noted to have visible dirt and debree.</p> <p>During an observation of the reach in refrigerator on 4/21/14 at 9:41 a.m., food items found improperly stored, included;</p> <p>honey thick cranberry juice dated 4/21/14, missing the screw top;.</p> <p>strawberry and pineapple topping in tin cookware loosely covered with plastic wrap with no dates;</p> <p>an unidentified pitcher of light brown liquid with no date;</p> <p>a gallon of opened orange juice with no open or discard dates;</p> <p>a carafe of unidentified red liquid with no date.</p> <p>During an observation of the food prep area 4/21/14 at 9:54 a.m., a large open trash container filled with waste was located near the sink in the food prep area. A large bowl of chicken breast sat uncovered on the counter next to the garbage can. Cook #2</p>	F000371	<p><b>F371 Food Procedure, store/prepare/serve-sanitary</b></p> <p><b>The facility must-</b></p> <p>1. Produce food from sources approved or considered satisfactory by Federal, State or local authorities; and 2.) Store, prepare, distribute and serve food under sanitary conditions</p> <p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice.</b> The sanitation issues found with the kitchen floors were immediately corrected. The labeling, storing, covering and dating of food was immediately corrected. Trash cans were immediately covered and removed from the prep area. Plastic cups, servng saucers, coffee cups were rewashed, air dried and sanitized. Outdated food was discarded. Chicken which was cooling was discarded immediately. The brown sugar with the scoop was discarded. Food temps are documented in the log.</p>	05/02/2014	

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	<p>returned to the area and proceeded to place the chicken on baking trays. The uncovered trays were then moved to a storage rack, where they remained until they were placed in the oven.</p> <p>During an observation of the dishwash area 4/21/14 at 10:01 a.m., plastic bowls were found in the clean storage bin. Clear plastic cups were found wet and stacked one on top of the other. Plastic coffee cups were stored wet with visible debris left on the inside of them. Glass coffee cups with visible food debris were found stored on this shelf. The floors in this area were coated with food and debris. The area under the machines also has visible debris.</p> <p>During an observation of the dry storage area on 4/21/14 at 10:20 a.m., food items were found improperly stored including;</p> <p>an opened container of balsamic vinegar dated 3/21, with no discard date, sitting on the floor;</p> <p>an opened package of butterscotch chips dated 5/11 [sic] with no discard date;</p> <p>an opened package of chocolate chips dated 10/30 with a discard date of 11/30.</p> <p>The floors had dry oatmeal spilled on them.</p> <p>During an observation of the walk in refrigerator on 4/21 at 10:05 a.m., food items were improperly stored including;</p> <p>an opened bag of onions with no open date or discard date;</p> <p>sliced ham in tin cookware loosely covered with plastic wrap with no dates;</p> <p>a large pan of an unidentified congealed brown substance with no dates.</p>		<p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</b> An audit was completed on 4-17-14 to ensure food in storage areas were properly stored, covered, labeled, dated and if necessary discarded, trash cans were covered and in their proper location. Dishes were properly cleaned, dried, food was stored at proper temperatures, temperature logs for each meal was kept and scoops/bowls were not left in storage bins.. All residents residing in the facility have the potential to be affected by the alleged deficient practice. The dietary staff were in-serviced on sanitation requirements and proper food monitoring by the ED and Dietician on 4-19-14. The staff members responsible for specific sanitation tasks will initial the tasks when completed. The Dietary Manger/Designee will check the daily, weekly and monthly sanitation checklists to ensure that all required sanitation items are completed appropriately.</p> <p><b>3. What measure will be put into place or what systemic changes will be made to ensure that deficient practice does not occur</b> The dietary staff were in-serviced on sanitation requirements and proper food monitoring by the ED and Dietician</p>		

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	<p>During a tour of the kitchen on 4/21/14 at 11:04 a.m., dirty serving saucers were observed on the shelf of the hot service bar. Applesauce and yogurt in serving bowls on a tray, with no covering, were in the portable "Victory" refrigerator. Skim Milk dated 4/9/14 with a discard date of 4/19/14 was found in the chest refrigerator. A clear plastic bin of brown sugar with a small plastic sundae bowl and a scoop inside of the container were sitting on the shelf next to the chest refrigerator. Floors in this area were soiled with food and debris. Trash bin in food prep area remained uncovered.</p> <p>During an observational tour of the kitchen on 4/21/14 at 2:03 p.m., floors remained unswept and unmopped. Oatmeal remained on the floor of the dry storage area. There were covered cups of orange juice on a tray in reach in refrigerator with no dates. Trash can remained in the food prep area uncovered. Chicken from lunch service was found sitting on the counter of the buffet server counter. At 2:25 p.m on 4/21/14, cook #2, took the pan of chicken and condensed it into a smaller pan, and placed it on the food prep counter. When asked about the future use of the chicken she indicated that she would let it cool to room temp then put in in the refrigerator when she was able to touch the bottom of the pan and it was no longer hot to the touch. She would then put it in the refrigerator sometime before she left for the day. She stated she did not check the temperature before placing the food in the refrigerator.</p> <p>At 2:30 p.m., the dishwash area was no longer in use. Floors remained visibly dirty, with dirt and foot prints. The floor was not</p>		<p>on 4-19-14.. The dietary staff will be in-serviced on sanitation requirements. The staff members responsible for specific sanitation tasks will initial the tasks when completed. The Dietary Manger/Designee will check the daily, weekly and monthly sanitation checklists to ensure that all required sanitation items are completed appropriately. Dietary staff will take temperatures at the beginning of meal service to ensure acceptable ranges of temps during meal service. The ED/Designee will conduct a walk through of the kitchen at least daily to ensure checklists are complete, and kitchen is clean and sanitary.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place.</b> To ensure compliance, the Dietary Manager/Designee is responsible for the completion of the Kitchen Sanitation/ environmental review log CQI tool daily 5 times a week for 4 weeks, 3 times a week for 4 weeks and then weekly for two weeks thereafter to encompass all shifts to maintain continued compliance. The results will be reviewed by CQI Committee overseen by the ED. The Safety and Sanitation Review will be done weekly times 4 weeks, bi monthly for one month and then</p>				

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	<p>clean under the machines. At 3:40 p.m., floors continued to be coated with dirt and debris. Oatmeal was still present on the floor of the dry storage room.</p> <p>During an interview and tour with the dietary manager on 4/21/14 at 10:25 a.m., she indicated that food items should have open and discard dates along with the name of the product. She also indicated that dishes should have been dry before stored and should not have food debris on them.</p> <p>During a second interview with the dietary manager on 4/21/14 at 11:52 a.m., she stated that the floors should have been swept and mopped twice a day and staff should have signed off on cleaning schedule once task was completed. Logs of food temperatures were requested from the dietary manager 4/21/14 at 3:40 p.m., however she was unable to produce them. She indicated staff checked the food temps, however, they had not been writing it down. They verbally let her know if there was a problem with the temperatures.</p> <p>During and interview with Registered Dietition #5, on 4/21/14 at 3:50 p.m., she indicated the facility had a POC, (Plan of Correction) in September and staff logged food temperatures until January. They stopped because she did not know they needed to do them on paper, she thought that was just a "state thing".</p> <p>During an interview on 4/21/14 at 11:52 a.m., Cook #2 indicated staff was to sweep and mop all day, in the afternoon and when floors are dirty. The floors should have been swept and mopped after every meal service.</p>		monthly thereafter for six months.				

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	<p>During an interview 4/21/14 at 10:03 a.m., Dishwasher #3 indicated the rack that surveyor inspected was a clean storage area.</p> <p>During an interview 4/21/14 at 2:20 p.m., Dietary Aide #4 indicated undated orange juice cups in the reach in refrigerator were left over from breakfast.</p> <p>Review of facility policy, received from Dietary Manager #6 on 4/21/14 at 4:23 p.m., entitled, "Food Storage," indicated, "Leftover prepared foods are to be stored in covered containers or wrapped securely. The food must clearly be labeled with the name of the product, the date it was prepared and marked to indicate the date by which the food shall be consumed or discarded." The policy, further indicated, "Refrigerated ready-to-eat, potentially hazardous food purchased from approved vendors, shall be clearly marked with the date the original container is opened and the date by which the food shall be consumed or discarded." The policy further indicated that, "Food is stored a minimum of 6" above the floor...". This policy further indicated, "Scoops are not stored in teh food containers, but may be kept covered in a protected area near the containers."</p> <p>Review of the cleaning schedules for the month of April 2014, recieved from the Dietary Manager on 4/21/14 at 3:03pm, indicated staff cleaning tasks were only signed off on 6 calender days during the month of April. The temperature logs were dated, however, no records were logged on them.</p> <p>A review of facility policy entitled, "Food Temperatures", recieved 4/21/14 at 3:03 pm from the dietary manager, indicated, "A</p>						

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	<p>temperature record for recording the temperatures is also needed." It further indicated, "Temperatures should be taken at the beginning of meal service and periodically during meal service...."</p> <p>This federal tag relates to Complaint IN00147198.</p> <p>3.1-21(i)(3)</p>			