

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 07/30/2015
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178072.</p> <p>Complaint IN00178072 - Substantiated. Federal/State deficiency related to the allegations is cited at F 282.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: July 29 and 30, 2015</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Census bed type: SNF: 27 SNF/NF: 76 Total: 103</p> <p>Census payor type: Medicare: 27 Medicaid: 60 Other: 16 Total: 103</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<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. We would like to request paper compliance 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>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 observation, interview and record review, the facility failed to ensure the plan of care was followed related to restorative services being provided for 2 of 4 residents whose care plans were reviewed in a sample of 4. (Residents D and E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 7/30/15 at 10:44 a.m. Diagnoses for Resident D included, but were not limited to, hemiplegia, cerebrovascular accident, difficulty walking, debility, diabetes mellitus, anxiety and pain.</p> <p>Review of Resident D's current care plans dated 6/16/15 indicated the following:</p> <p>"Restorative nursing ambulation: Resident requires training and skill practice in walking d/t [due to] cva [cerebrovascular accident] w/rt [with right] hemi [hemiplegia]."</p>	F 0282	<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>Resident D, and E clinical records, including care plans andrestorative service documentation were reviewed. Resident was assessed by alicensed nurse to ensure that no negative outcomes have occurred and to date,no negative outcomes have been discovered by the conducted assessment.</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>All residents who receive restorative services have thepotential to be affected by the deficient practice. All residents who receive restorative services have hadtheir restorative orders and care plans reviewed.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not</p>	08/17/2015

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	<p>The goal indicated for Resident D to ambulate 100 feet at least 15 minutes daily.</p> <p>Interventions included but were not limited to; "Nurse to monitor participation/progress in nursing restorative ambulation program...Document amount of time spent assisting resident...observe for good endurance and steady gait."</p> <p>Review of the Restorative Walking Report, provided by the Director of Nursing (DON) on 7/30 at 11:35 p.m., indicated Resident D was not provided restorative walking on the following dates:</p> <p>May 30-June 9, 2015. July 26-July 29, 2015.</p> <p>Resident D was provided restorative walking one time per week on the following dates:</p> <p>May 29-June 4, 2015. June 4-June 12, 2015. July 4-July 8, 2015.</p> <p>Resident D was provided restorative walking twice per week on the following dates:</p>		<p>recur?</p> <p>Nursing staff, including the Restorative C.N.As and Restorative nurse has been educated on proper documentation of completion of Restorative Walking Program as provided.</p> <p>The Restorative nurse has been educated on updating careplans to portray a true and accurate picture of the residents restorative ability. Restorative services will be provided by Restorative C.N.A.s or by nursing staff according to the resident Plan of Care.</p> <p>Nursing staff will be provided with education on provided restorative services and documentation of those services provided.</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?</p> <p>The Director of Nursing or designee will audit Restorative documentation 5 times weekly for 4 weeks, then twice weekly for 5 months, then monthly for 6 months for a total of 12 months of monitoring.</p> <p>The Director of Nursing or designee will do an initial audit of restorative care plans to ensure restorative program is in line with residents ability. Monthly audits thereafter for 12 months.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee</p>	

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	<p>May 28-June 3, 2015. June 7-June 15, 2015. June 30-July 6, 2015,</p> <p>2. The clinical record for Resident E was reviewed on 7/30/15 at 11:54 a.m. Diagnoses for Resident E included, but were not limited to, spinal stenosis, difficulty walking, atrophy, depression and dementia.</p> <p>Review of Resident E's current care plans dated 3/9/15 indicated the following:</p> <p>"Resident requires nursing restorative ambulation program due to resistive to care, has ability to ambulate but often wants to lie in bed. Family highly involved in care and assisting resident to participate in own care."</p> <p>The goal indicated for Resident E to ambulate at least 15 minutes daily in room and hallway with one staff."</p> <p>Interventions included but were not limited to; "Encourage and assist to ambulate short distances...observe for pain, balance problems, decline in ability to ambulate...nurse to monitor participation...."</p> <p>Review of the Restorative Walking</p>		<p>meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 8/17/2015. The Administrator at Countryside Manor Health and Living Community is responsible in ensuring compliance in this Plan of Correction.</p>	

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	<p>Report, provided by the Director of Nursing (DON) on 7/30 at 11:35 p.m., indicated Resident E was provided restorative walking one time per week on the following dates:</p> <p>May 31-June 10, 2015. June 15-June 22, 2015. June 25-July 2, 2015. July 9-July 16, 2015. July 24-July 30, 2015.</p> <p>Review of the staffing schedule for Certified Nursing Assistant (CNA)'s, indicated the facility re-assigned the restorative aide for staff coverage instead of restorative services on the following dates: July 17, July 21, July 24, July 25, July 26, July 28 and July 30, 2015.</p> <p>During an interview on 7/30/15 at 2:00 p.m., the DON indicated the facility had 2 CNA's that provided restorative services to residents. She indicated it had been a recent problem related the staff persons being pulled to work as a CNA rather than a restorative aide. She indicated only one restorative aide works at a time.</p> <p>This Federal tag relates to Complaint IN00178072.</p>			

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F 0431 SS=D Bldg. 00	<p>3.1-35(g)(2)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug</p>				

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	<p>Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure medication and treatment carts were maintained in a secure manner to prevent potential access at all times by unauthorized users in the Rehab Unit (RU). The facility also failed to properly store pills, patches, inhalation medication, and powders in a locked medication cart for 2 of 2 medication carts observed (RU).</p> <p>Findings include:</p> <p>1. During an observation on 7/29/15 at 11:30 p.m., 1 medication cart and 1 treatment cart were found to be unlocked and unattended. A nurse was seated at the nurses' station during the observation.</p> <p>On top of the unlocked medication cart, several boxes of new pills, inhalation medication and powders were observed. Another medication cart on the Rehab Unit was found locked, and several boxes of new pills, patches and powders were observed on top of the cart.</p>	F 0431	<p>F431 431.60(b)(d)(c) DRUG RECORDS LABEL/STORE DRUGS ANDBIOLOGICALS</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice?</p> <p>No resident was found to be affected by the deficientpractice</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>All residents residing on the Rehab unit have the potentialto be affected by the deficient practice</p> <p>Medication storage areas have been audited to ensure allmedications are stored in the appropriate, designated area.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that the deficientpractice does not recur?</p> <p>Licenses nurses have been educated on proper storage ofmedications</p> <p>Licensed nurses have been educated on ensuring thatmedication and treatment carts are locked or attended by a nurse withauthorized access</p> <p>How the correctiveaction(s) will be monitored to ensure the deficient</p>	08/17/2015			

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	<p>A treatment cart was observed unlocked on the Rehab Unit.</p> <p>During an interview on 7/30/15 at 12:30 p.m., RN #1 indicated she had just unloaded the totes from the pharmacy delivery and was getting ready to put the medication away.</p> <p>At 12:40 a.m., RN #2 indicated she was just getting ready to re-stock her cart and had not put any medications away.</p> <p>Review of the pharmacy packing slip, provided by the Director of Nursing, on 7/30/15 at 9:20 a.m., indicated the following medications were delivered and placed on top of the two medication carts:</p> <p>florastor (probiotic) 250 mg vitamin (supplement) B-12 500 mcg amlodipine (anti-hypertensive) 5 mg ferrous sulfate (supplement) 325 mg glipizide (anti-diabetic) 10 mg potassium chloride (supplement) 10 mEq furosemide (diuretic) 20 mg metformin (anti-diabetic) 850 mg acetaminophen (pain relief) 500 mg atenolol (anti-hypertensive) 25 mg Ventolin (bronchodilator) HFA transacting (cholesterol lowering) 20 mg carb/levo (given for Parkinson's disease) 25-100 mg</p>		<p>practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DON or designee will audit medication/treatment carts on all shifts 5 times weekly for 4 weeks, weekly for 5 months, then monthly for 6 months for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 8/17/2015. The Administrator at Countryside Manor Health and Living Community is responsible in ensuring compliance in this Plan of Correction.</p>	

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	<p>escitalopram (anti-depressant) 10 mg Gabapentin (pain relief) 100 mg alendronate (to treat osteoporosis) 70 mg lidocaine (pain relief) patch 5% Dulera (bronchodilator) 100-5mcg pantoprazole (anti-esophagitis) 40 mg polyethylene glycol (stool softener) 3350 powder trazadone (anti-depressant) 50 mg clopidogrel (anti-coagulant) 75 mg diclofenac (anti-inflammatory) 60 mg lisinopril (anti-hypertensive) 5 mg hydroco/APAP (opioid) 7/5-325 mg hydroco/APAP 5-325 mg prevastatin (anti-cholesterol) 20 mg sertraline (anti-depressant) 100 mg spironolactone (diuretic) 25 mg</p> <p>Review of a current undated facility policy, titled "DRUG STORAGE", provided by the Administrator on 7/30/15 at 8:50 a.m., indicated the following:</p> <p>"POLICY Medications are dispensed in containers that meet or exceed official standards. These containers will be stored orderly... Medications will be stored at the facility in a manner consistent with manufacturers' guidelines, such as proper temperature. Medications will be stored at the facility in a manner consistent... All expired, damaged and/or</p>			

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	<p>contaminated...</p> <p>PROCEDURES</p> <p>1. Medications are to remain in the container in which they were dispensed...</p> <p>...3. Only licensed nurses...Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p> <p>...10. All Class II drugs must be stored under <u>double lock</u> at all times. Skilled Care Indiana recommends that Class III, IV and V drugs are also stored under double lock as a best practice guideline.</p> <p>...14. Drugs shall be stored...<u>All medications and other drugs, including treatment items, need to be stored in a locked cabinet or room, inaccessible to residents and visitors.</u>"</p> <p>3.1-25(m)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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