

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2016
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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
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/14/16</p> <p>Facility Number: 000160 Provider Number: 155258 AIM Number: 100267190</p> <p>At this Life Safety Code survey, Countryside Manor Health & Living Community LLC was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors with battery operated smoke detectors in all resident sleeping rooms. The facility</p>	K 0000	<p>This plan of correction is to serve as Countryside Manor Health and Living Community's 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.</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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K 0067 SS=C Bldg. 01	<p>has a capacity of 109 and had a census of 95 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one garage used for facility storage and a shed which houses the generator and both were not sprinklered.</p> <p>Quality Review completed on 01/20/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure non resident rooms in 5 of 5 smoke compartments were not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all residents as well as visitors and staff in</p>	K 0067	<p>This plan of correction is to serve as Countryside Manor Health and Living Community's credible allegation of compliance.</p> <p>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 is 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.</p>	02/13/2016

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	<p>the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/14/16 during a tour of the facility between 1:33 p.m. and 3:45 p.m. with the Maintenance Supervisor, the following non resident rooms located throughout the facility were using the egress corridors as a return air system:</p> <ul style="list-style-type: none"> a. Unit Manager's office on 34 hall b. MDS office on 34 short hall c. Administration, Payroll, Accounts, Director of Nursing, Scheduling, Admissions, Conference room, Social Services, Rehabilitation to home, Storage room on Main hall d. Speech Therapy on 41 short hall e. Unit Manager's office on 41 hall <p>Based on interview concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air was exhausted in the corridor for the aforementioned adjoining non resident rooms.</p> <p>3.1-19(b)</p>		<p>K067</p> <ol style="list-style-type: none"> 1. The Unit Managers and the MDS office on 34 hall, the Administration, Payroll, Accounts, Director of Nursing, Scheduling, Admissions, Conference Room, Social Service, Rehabilitation to home and storage room on main hall, Speech Therapy and the Unit Mangers Office on 41 hall will have return air ductwork, registers and required fire dampers installed in them. No residents were affected. 2. In total, 22 offices will have return air ductwork, registers and required fire dampers installed in them. No residents were affected. 3. All offices in the community will now have return air ductwork, registers and required fire dampers installed in them. 4. The maintenance director or designee will audit to ensure all the offices in the community have return air ductwork, registers and required fire dampers installed in them. Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. 5. Systemic changes will be completed by February 13, 2016. 		