

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  05/21/2013
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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 IN00128702.</p> <p>Complaint IN00128702 substantiated, federal/state deficiencies related to the allegations are cited at F151.</p> <p>Survey date: May 21, 2013</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Survey team: Connie Landman RN TC</p> <p>Census bed type: SNF: 23 SNF/NF: 118 Total: 141</p> <p>Census payor type: Medicare: 25 Medicaid: 69 Other: 47 Total: 141</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</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 June 7, 2013.</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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	Quality Review completed on 05/22/2013 by Brenda Nunan, RN.			

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F000151 SS=D	<p>483.10(a)(1)&amp;(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.</p> <p>Based on record review and interview, the facility failed to ensure a resident requesting a therapeutic leave was allowed to leave the facility for 1 of 3 residents reviewed for leave of absence in a sample of 3 (Resident B). This deficient practice had the potential to affect 23 of 141 residents who received services funded by Medicare Part A.</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 5/21/13 at 11:00 A.M.</p> <p>Current diagnoses included, but were not limited to, anxiety, esophageal reflux, atrial fibrillation, hypertension, congestive heart failure and shortness of breath.</p> <p>The Admission MDS (Minimum Data Set) Assessment, dated 4/12/13, indicated a BIMS (brief interview mental status) score of 15, which</p>	F000151	<p><b>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident B does not currently reside in the facility</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</b> All residents receiving Medicare Part A have the potential to be affected. Leave of absence (LOA) orders have been reviewed for these residents and re-written to allow appropriate leave of absence. Admission orders will include standardized leave of absence orders that allow appropriate leave of absence. Nursing staff was in-serviced on the leave of absence policy by the Staff Development coordinator and/or Designee on June 4, 2013, June 6, 2013, and on-going.</p> <p><b>3. What measures will be put into place or what systemic changes</b></p>	06/07/2013	

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	<p>indicated the resident was cognitively alert.</p> <p>Daily Nursing Progress Notes, dated 4/12/13 through 5/21/13, indicated the resident was alert and oriented and able to make her needs known.</p> <p>During an interview on 5/21/13 at 10:30 A.M., a close acquaintance of Resident B indicated he came to the facility on 5/6/13 and requested a therapeutic leave for Resident B. The close acquaintance indicated staff on duty (names unknown) refused to allow the therapeutic leave.</p> <p>During an interview with HFA (Health Facility Administrator) #2 and the DNS (Director of Nursing Services) on 5/21/13 at 2:00 P.M., they indicated therapeutic leaves from the facility were denied due to excessive leaves by some of the residents receiving services covered by Medicare Part A. HFA #2 indicated therapeutic leave requests should have been reviewed for approval on a case by case basis in effort to decrease the number of leaves from the facility. The DNS indicated this only affected the Medicare Part A recipients.</p> <p>At the same time, HFA #2 indicated she had not been contacted by the</p>		<p><b>will be made to ensure that the deficient practice does not recur?</b></p> <p>Admission orders will include standardized leave of absence orders that allow appropriate leave of absence. The Director of Nursing and/or Designee will review admission orders to make sure they are appropriate per resident's preference and per physician's orders. Nursing staff was in-serviced on the leave of absence policy by the Staff Development coordinator and/or Designee on June 4, 2013, June 6, 2013, and on-going.</p> <p><b>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?</b></p> <p>To ensure compliance, the DNS/ Designee is responsible for completion of the LOA 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>nurse on duty or the weekend supervisor regarding Resident B's request for a therapeutic leave. HFA #2 stated, "They may have taken it upon themselves to say no due to the crackdown on leaves."</p> <p>This federal tag relates to Complaint IN00128702.</p> <p>3.1-3(a)(1)</p>			