

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

PRINTED: 08/25/2022

FORM APPROVED

OMB NO. 0938-039

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 07/29/2022	
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 205 MARINE DR ANDERSON, IN 46016			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00382869 and IN00381916.</p> <p>Complaint IN00382869 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684 .</p> <p>Complaint IN00381916 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: July 28 and 29, 2022</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100257190</p> <p>Census Bed Type: SNF/NF: 63 SNF: 4 Total: 67</p> <p>Census Payor Type: Medicare: 13 Medicaid: 54 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 4, 2022.</p>			F 0000	<p>The plan of correction is to serve as Countryside's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Countryside 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> <p>The facility respectfully requests desk review for the following citations.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that</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 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 30 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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	<p>applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to ensure insulin was administered according to accepted professional standards for 6 of 6 observations of blood sugar checks and insulin administration (Residents D, Resident E, Resident F and Resident G).</p> <p>Findings include:</p> <p>During a medication administration observation which started on 7/28/2022 at 9:02 p.m. and ended on 7/29/2022 at 12:01 a.m., the following concerns were noted:</p> <p>a. On 7/28/2022 at 11:10 p.m. Resident D received an accucheck that was scheduled for before bedtime from 4:00 p.m. to 5:00 p.m. On 7/28/2022 at 11:32 p.m., Resident D received 27 units of Lantus insulin. This dose was scheduled to be given before bedtime 6:00 p.m. to 10:00 p.m. 22 minutes after the blood sugar check and 32 minutes post scheduled time.</p> <p>b. On 7/28/2022 at 10:27 p.m., Resident E received an accucheck that was scheduled before bedtime 6:00 p.m. to 10:00 p.m. (37 minutes after the blood sugar check). During the observation, the resident had to be wakened prior to the procedure. Blood Sugar result was 203. On 7/28/2022 at 11:04 p.m., Resident E received 4 units of Novolog (insulin). This dose was given due to the blood sugar check at 10:27 p.m. The resident had to be</p>			F 0684	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>The nurse practitioner was notified of the administration of insulin for Residents D, E, F, and G and new orders were followed.</p> <p>II. The facility will identify other residents that may potentially be affected by the practice.</p> <p>Other residents requiring insulin have been reviewed and have not been negatively impacted.</p> <p>III. The facility will put into place the following systematic changes to ensure that the practice does not recur.</p> <p>Nursing staff are being educated to follow proper insulin administration protocol.</p> <p>IV. The facility will monitor the</p>		08/22/2022

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	<p>woken up again to receive the insulin. Approximately 6 hours and 19 minutes after the evening meal. No snack was provided.</p> <p>c. On 7/28/2022 at 9:11 p.m., Resident F received an accucheck with the result of 202. At 11:48 p.m. the resident received 12 units of Lantus, which was scheduled to be given before bedtime 6:00 p.m. - 10:00 p.m. The resident also received Novolog 8 units per sliding scale performed at 9:11 p.m. (2 hours 37 minutes after the blood sugar check). Approximately 6 hours and 3 minutes after the evening meal. No snack was offered or provided.</p> <p>d. On 7/28/2022 at 9:13 p.m., Resident G received an accucheck with a result of 212. At 11:38 p.m. (2 hours 25 minutes after the blood sugar check) the resident received 25 units of Lantus. This dose was scheduled to be given before bedtime 6:00 p.m. - 10:00 p.m. At 12:01 p.m. (2 hours 47 minutes after the blood sugar check) the resident received 8 units of Humalog per sliding scale performed at 9:13 p.m. Approximately 6 hours and 16 minutes after the end of the evening meal. No snack was offered or provided.</p> <p>1. The clinical record for Resident D was reviewed on 7/29/2022 at 11:46 a.m. Diagnoses included, but were not limited to, type 2 diabetes with diabetic neuropathy, hypertension and hemiplegia and hemiparesis following cerebral infarction.</p> <p>Review of the clinical record indicated the resident had the following orders:</p> <p>a. "insulin aspart U-100 insulin pen 100 units/ml (3 ml) amt per sliding scale; if blood sugar is less than 60, call MD. If blood sugar is 150 to 190, give 2 units. If blood sugar is 191 to 230, give 4 units. If blood sugar is 231 to 270, give 6 units. If</p>				<p>corrective action by implementing the following measures.</p> <p>DON, or designee, will observe insulin administration on various shifts to ensure residents are receiving insulin in accordance with accepted professional standards once daily for 4 weeks, then once weekly for 8 weeks, then quarterly ongoing.</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%.</p> <p>V. Plan of Correction completion date.</p> <p>Date of Compliance 8/22/22 The facility requests IDR to provide additional information.</p>		

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	<p>blood sugar is 271 to 310, give 8 units. If blood sugar is 311 to 350, give 10 units. If blood sugar is greater than 350, call MD. subcutaneous Special Instructions: Accucheck [blood sugar checks] before meals and administer sliding scale if needed. Three times a day; upon rising 7:00 a.m. - 9:00 a.m., afternoon 11:00 a.m. - 1:00 p.m., before bedtime 4:00 p.m. - 5:00 p.m. This order was dated 4/18/2022.</p> <p>b. Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 units/ml (3 ml); amt 27 units; subcutaneous Once a day; before bedtime 6:00 p.m. - 10:00 p.m. This order was dated 6/10/2022.</p> <p>Review of the care plans indicated the resident had a care plan that addressed the resident's potential for hypo/hyperglycemia and diabetic complications related to diabetes mellitus. Interventions included, but were not limited to, administer accucheck and any insulin coverage per MD order; administer medications per MD order. The care plan was dated 2/23/2017.</p> <p>2. The clinical record for Resident E was reviewed on 7/29/2022 at 12:52 p.m. Diagnoses included, but were not limited to, type 2 diabetes, retention of urine and altered mental status.</p> <p>Review of the clinical record indicated the resident had the following orders:</p> <p>a. Novolog Flexpen U-100 Insulin (insulin apart u-100) insulin pen; 100 unit/ml (3 ml); amt: per sliding scale: If blood sugar is less than 60, call MD. If blood sugar is 60-150, give 0 units. If blood sugar is 151 to 200, give 0 units. If blood sugar is 201 to 250, give 4 units. If blood sugar is 215 to 300, give 6 units, If blood sugar is 301 to 350, give 8 units, If blood sugar is 31 to 400, give 10 unit. If blood sugar is greater than 400, call</p>						

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	<p>MD. subcutaneous Special Instructions: with meals. Three times a day; upon rising 7:00 p.m. - 10:00 p.m., Afternoon 11:00 a.m. - 3:00 p.m., Before bedtime 4:00 p.m. - 7:00 p.m. This order was dated 7/26/2022.</p> <p>b. Lantus Solostar U-100 Insulin (insulin glargine) Insulin pen; 100 unit/ml (3 ml); amt: 8 units; subcutaneous. Once a day, before bedtime 6:00 p.m. - 10:00 p.m. This order was dated 7/27/2022.</p> <p>Review of the care plans indicated the resident had a care plan that addressed the resident's potential for hypo/hyperglycemia and diabetic complications related to diabetes mellitus. Interventions included, but were not limited to, administer accuchecks and any insulin coverage per MD order; administer medications per MD order. The care plan was dated 10/5/2021.</p> <p>3. The clinical record for Resident F was reviewed on 7/29/2022 at 3:09 p.m. Diagnoses included, but were not limited to, acute diastolic (congestive) heart failure, chronic pain, pain in left shoulder, morbid (severe) obesity, type 2 diabetes mellitus.</p> <p>Review of the clinical record indicated the resident had the following orders:</p> <p>a. TID (three times a day) accuchecks. Three times a day; Upon rising 7:00 a.m. - 11:00 a.m., Afternoon 3:00 p.m. - 5:00 p.m., Before bedtime 6:00 p.m. - 10:00 p.m. This order was dated 11/4/2021.</p> <p>b. Novolog Flexpen U-100 Insulin (insulin apart u-100) insulin pen; 100 unit/ml (3 ml); amt: 8 units subcutaneous. Three times a day; upon rising 7:00 a.m. - 9:00 a.m., afternoon 11:00 a.m. - 1:00 p.m., before bedtime 4:00 p.m. - 6:00 p.m. This</p>						

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	<p>order was dated 10/6/2021.</p> <p>c. Novolog Flexpen U-100 insulin (insulin apart u-100) insulin pen; 100 unit/ml (3 ml); amt: Per Sliding Scale: If blood sugar is less than 60, all MD. If blood Sugar is 60 to 150, give 0 units. If blood sugar is 151 to 200, give 4 units. If blood sugar is 201 to 250, give 8 units. If blood sugar is 251 to 300, give 12 units. If blood sugar is 301 to 350, give 16 units. If blood sugar is 351 to 400, give 20 units. If blood sugar is greater than 400, call MD. Special instructions: give with meals and before bedtime. Four times a day[; upon rising 7:00 a.m. to 9:00 a.m., before lunch 11:00 a.m. - 1:00 p.m., after noon 4:00 p.m. - 6:00 p.m., before bedtime 7:00 p.m. - 10:00 p.m. This order was dated 11/1/2021.</p> <p>d. Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 unit/ml (3 ml); amt 12 units subcutaneous twice daily; upon rising 7:00 a.m. - 11:00 a.m., before bedtime 6:00 p.m. - 10:00 p.m. This order was dated 11/6/2021.</p> <p>Review of the care plans indicated the resident had a care plan that addressed the resident's potential for hypo/hyperglycemia and diabetic complications related to diabetes mellitus. Interventions included, but were not limited to, administer accuchecks and any insulin coverage per MD order; administer medications per MD order. The care plan was dated 9/7/2021.</p> <p>4. The clinical record for Resident G was reviewed on 7/29/2022 at 3:20 p.m. Diagnoses included, but were not limited to, dementia, type 2 diabetes mellitus and Parkinson's disease.</p> <p>Review of the clinical record indicated the resident</p>						

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	<p>had the following orders:</p> <p>a. Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100-unit/ml (3 ml) amt: 25 units; subcutaneous. Once a day at bedtime 6:00 p.m. - 10:00 p.m. This order was dated 2/25/2022.</p> <p>b. Humalog KwikPen Insulin (insulin lispro) insulin pen; 100 unit/ml; amt: Per Sliding Scale: If blood sugar is less than 60, call MD. If blood sugar is 60- 150, give 0 units. If blood sugar is 151 to 200, give 4 units. If blood sugar is 201 to 250, give 8 units. If blood sugar is 251 to 300, give 12 units. If Blood Sugar is 301 to 350, give 16 units. If blood sugar is 351 to 400, give 20 units. If blood sugar is greater than 400, call MD. Special Instructions: with meals Three times a day; upon rising 7:00 a.m. - 10:00 a.m., afternoon 11:00 a.m. - 3:00 p.m., before bedtime 4:00 p.m. - 7:00 p.m. This order was dated 7/26/2022.</p> <p>During an interview on 7/29/2022 at 3:47 p.m., the Corporate Clinical Consultant indicated the facility followed the current policy for medication administration timeliness.</p> <p>Review of the online Novolog and Humalog manufacture information indicated these insulins should be administered 15 to 30 minutes after meals. The facility evening meal was scheduled from 4:30 p.m. to 5:45 p.m.</p> <p>Review of the current undated policy titled "Medication Administration: General Policies & Procedures" was provided by the Corporate Clinical Consultant on 7/29/2022 at 2:30 p.m., indicated the following:</p> <p>" ... Administration: ...</p> <p>3. Medications are to be administered 60 minutes before or after the prescribed time for</p>						

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F 0880 SS=E Bldg. 00	<p>administration, unless otherwise specified by the prescriber. Routine medications are to be administered according to the schedule set forth by this facility. ..."</p> <p>Review of the current undated "Licensed Nurse Med Pass Clinical Skills Validation" provided by the Corporate Clinical Consultant on 7/29/2022 at 2:30 p.m., indicated the following: " ... 29. Medication was given within the 60 minutes before or after the time designated unless otherwise directed by the physician. ..."</p> <p>This federal tag relates to complaints IN00382869.</p> <p>3.1-37(a)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement</p>				

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	<p>based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>						

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	<p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation and interview the facility failed to ensure infection control practices were practiced during a medication administration pass when staff members failed to clean glucometers and blood pressure cuffs between resident use for 6 of 6 residents observed for medication administration. (Resident C, Resident D, Resident H, Resident E, Resident G, Resident J, QMA 1)</p> <p>Findings include:</p> <p>During an medication administration observation on 7/28/2022 at 9:27 p.m., QMA (Qualified Medication Aide) obtained the blood pressure of Resident C using a new blood pressure cuff and stethoscope. At 9:22 p.m. the QMA obtained the blood pressure of Resident J using the same equipment without cleaning it. At 9:47 p.m. QMA 1 obtained the blood pressure of Resident H using the same equipment without cleaning it. At 9:42 p.m.</p> <p>During a medication administration observation on 7/28/2022 at 9:11 p.m., QMA 1 obtained the blood sugar for Resident F using a community glucometer. At 9:13 p.m. the QMA used the same glucometer to obtain the blood sugar for Resident G without cleaning the glucometer. At 10:27 p.m., QMA 1 obtained the blood sugar for Resident E using the same glucometer without using it. At 11:10 p.m., the QMA obtained the blood sugar for</p>			F 0880	<p>F880 Infection Prevention and Control S/S E</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>There were no negative resident outcomes by the alleged practice. The staff members involved immediately educated on infection control practices regarding glucometer and how to properly sanitize re-use resident care items.</p> <p>II. The facility will identify other residents that may potentially be affected by practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>III. The facility will put into place the following systemic changes to</p>		08/22/2022

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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
	<p>Resident D using the same glucometer without cleaning it. The community glucometer was not cleaned before or after use between residents.</p> <p>During an interview on 7/28/2022 at 10:15 p.m., RN 2 indicated equipment should be cleaned between use on each resident.</p> <p>Review of a current "Licensed Nurse Blood Glucose Testing Skills Validation" provided on 7/29/2022 at 2:30 by the Corporate Clinical Consultant, indicated the following:</p> <p>"...4. Prior to use the meter cleaned with bleach wipes (check expiration date)</p> <p>a. The meter should be vigorously rubbed over all surfaces and the meter should remain wet through the 3 minute "kill" time.</p> <p>b. The meter must be placed on a clean surface after cleaning to prevent recontamination. ..."</p> <p>No further information was provided.</p> <p>3.1-18(b)</p>				<p>ensure that the practice does not recur.</p> <ul style="list-style-type: none"> Root Cause Analysis (RCA) with consultant Infection Preventionist, including input from the facility Medical Director/DON/IP was completed (Attachment A) Consultant Infection Preventionist educated IDT/Leadership team on the policy and procedure of cleaning glucometer and resident care items shared between residents. (Attachment B) All nursing staff was educated on the policy and procedure of cleaning glucometer and resident care items shared between residents. (Attachment C) The facility LTC Infection Control Self-assessment was reviewed and updated with input from the Consultant Infection Preventionist, Medical Director, Administrator and DON (Attachment D) <p>IV. The facility will monitor the corrective action by implementing the following measures.</p> <ul style="list-style-type: none"> The SDC or designee will monitor cleaning of glucometers daily for 6 weeks then weekly for 8 		

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			<p>weeks, then monthly for 9 months for a total of 12 months of monitoring using the Quality Improvement Tool F-880 audit tool. (Attachment E)</p> <ul style="list-style-type: none"> The SDC or designee will monitor cleaning of shared resident care items daily for 6 weeks then weekly for 8 weeks, then monthly for 9 months for a total of 12 months of monitoring using the Quality Improvement Tool F-880 audit tool. (Attachment F) The SDC or designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate infection control practices daily for 6 weeks then weekly for 8 weeks, then monthly for 9 months for a total of 12 months of monitoring using the Quality Improvement Tool F-880 audit tool. (Attachment G) <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 6 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%.</p> <p>V. Plan of correction completion date.</p>		

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			Date of compliance: August 22, 2022 The Administrator will be responsible for ensuring the facility is complying by date of compliance listed. The plan of correction is to serve as Countryside Manor Health and Living Community's credible allegation of compliance.		