

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

PRINTED: 02/06/2025
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 -- B. WING _____		X3) DATE SURVEY COMPLETED 01/21/2025	
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 DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/21/25</p> <p>Facility Number: 000160 Provider Number: 155258 AIM Number: 100267190</p> <p>At this Emergency Preparedness survey, Countryside Manor Health and Living Community was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 109 certified beds. At the time of the survey, the census was 78.</p> <p>Quality Review conducted on 01/23/25</p>			E 0000	<p>February 5, 2025</p> <p>Brenda Buroker, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re:Allegation of Compliance</p> <p>Event ID: JGXJ21</p> <p>Dear Mrs. Buroker:</p> <p>Please find enclosed the Plan of Correction for the State Licensure Survey conducted on January 21, 2025. This letter is to inform you that the plan of correction attached is to serve as Countryside Health & Living Community credible allegation of compliance. We allege substantial compliance on February 8, 2025. We are requesting paper compliance for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 765-649-4558</p> <p>Sincerely,</p> <p>Brandon Estep, HFA Administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brandon Estep

Administrator

02/05/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 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 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 01/21/25	K 0000	<p>Countryside Health and Living</p> <p>Submission of this plan of correction in no way constitutes an admission by Countryside Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law.</p> <p>This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.</p> <p>February 5, 2025</p> <p>Brenda Buroker, Director Long-Term Care Division Indiana State Department of Health</p>		

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	<p>Facility Number: 000160 Provider Number: 155258 AIM Number: 100267190</p> <p>At this Life Safety Code survey, Countryside Manor Health and Living Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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 (000) construction and fully sprinkled with exception of three electrical closets. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 109 and had a census of 78 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered except for a garage and a shed which houses the generator and were not sprinklered.</p> <p>Quality Review conducted on 01/23/25</p>				<p>2 North Meridian Street Indianapolis, IN 46204</p> <p>Re:Allegation of Compliance</p> <p>Event ID: JGXJ21</p> <p>Dear Mrs. Buroker:</p> <p>Please find enclosed the Plan of Correction for the State Licensure Survey conducted on January 21, 2025. This letter is to inform you that the plan of correction attached is to serve as Countryside Health & Living Community credible allegation of compliance. We allege substantial compliance on February 8, 2025. We are requesting paper compliance for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 765-649-4558</p> <p>Sincerely,</p> <p>Brandon Estep, HFA Administrator Countryside Health and Living</p> <p>Submission of this plan of correction in no way constitutes an admission by Countryside</p>		

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K 0300 SS=C Bldg. 01	<p>NFPA 101 Protection - Other</p> <p>Based on record review, interview, and observation; the facility failed to ensure documentation for the preventative maintenance of all battery-operated smoke alarms in resident rooms was complete. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, 29.10 Maintenance and Tests. Fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions.</p>	K 0300	<p>Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law.</p> <p>This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The community failed to ensure that the weekly battery powered smoke detector logs itemized each smoke detector by location. The TELS program provided documentation that a weekly test was being completed but itemized</p>	02/05/2025	

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	<p>This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on records review and observation with the Maintenance Supervisor and Administrator on 01/21/25 between 10:40 a.m. and 1:45 p.m., no completed itemized list for preventative maintenance of resident room battery operated smoke alarms was available for review. The documentation provided on the electronic record keeping reflected weekly testing and cleaning of the appliances marked as complete, but was not itemized with device location. Based on interview at the time of review, the Maintenance Supervisor stated no other documentation was available at the time of the survey. During the tour of the facility, battery operated smoke detectors were observed in the resident sleeping rooms.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>documentation was not available. The Maintenance Supervisor has reworked his paperwork and has created a weekly itemized tracking sheet per location.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All residents and staff could have been affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Maintenance Supervisor has a current TELS task to inspect all battery powered smoke detectors weekly. The Maintenance Supervisor has reworked his paperwork and has created a weekly itemized tracking sheet per location.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities also inspects all smoke detector paperwork during their annual CQR to ensure each location is documented separately.</p>		

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K 0921 SS=F Bldg. 01	<p>NFPA 101 Electrical Equipment - Testing and Maintenance</p> <p>Based on records review, observation, and interview; the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient</p>			K 0921	<p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is February 5th 2025</p> <p>K 921</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The community failed to ensure that a PCREE electrical inspection for patient care equipment was conducted in the last 12 months. A PCREE inspection is scheduled with Safecare on February 5th and 6th.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All staff and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not</p>		02/08/2025

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	<p>practice affects all residents.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and Maintenance Supervisor on 01/21/25 between 10:40 a.m. and 1:45 p.m., no documentation was available for review for the testing of the Patient Care Related Electrical Equipment (PCREE) in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. Observation during the building tour with the Administrator and Maintenance Supervisor revealed that the facility provided electric beds for all residents. The Administrator stated that PCREE such as nebulizers, oxygen concentrators, vital signs monitors, and other electrical medical equipment was present and in use at the facility, with some being owned by the facility and some equipment provided by companies. The Administrator stated that no electrical equipment testing documentation for PCREE was available for review at the time of the survey.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>recur.</p> <p>A TELS task was created to ensure an annual PCREE inspection takes place at Countryside Health and Living.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will inspect all paperwork to ensure that the annual PCREE patient care electrical inspection was completed and documentation available for review.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is February 8th.</p>		