

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

PRINTED: 07/08/2024

FORM APPROVED

OMB NO. 0938-039

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 06/18/2024	
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 762 N DAN JONES RD AVON, IN 46123			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00427662, IN00428200, IN00431771, IN00429853, and IN00436259.</p> <p>Complaint IN00427662 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00428200 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431771 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429853 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436259 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: June 14, 17, and 18, 2024</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Census Bed Type: SNF/NF: 117 SNF: 9 Total: 126</p> <p>Census Payor Type: Medicare: 6 Medicaid: 90 Other: 30 Total: 126</p>			F 0000	<p>July 2, 2024</p> <p>Ms. Brenda Buroker Director of Long Term Care 2 North Meridian St. Indianapolis, IN 46204</p> <p>Re: Survey Event ID U5TO11</p> <p>Dear Ms. Buroker:</p> <p>Please find attached my Plan of Correction for the deficiency cited during this Complaint Survey. I am respectfully requesting paper compliance.</p> <p>If you have any questions, please feel free to contact me.</p> <p>Sincerely,</p> <p>Karsen Rauch, HFA Administrator Countryside Meadows – Avon, IN.</p>		

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

TITLE

(X6) DATE

Karsen Rauch

Executive Director

07/02/2024

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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F 0677 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 27, 2024.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to ensure nail care was provided to a dependent resident for 1 of 3 residents reviewed for activities of daily living (ADL) (daily tasks related to resident care and hygiene) (Resident D).</p> <p>Findings include:</p> <p>On 6/14/24 at 12:01 p.m., Resident D was observed with long, untrimmed fingernails with dark debris underneath the fingernails on both hands, while lying in bed watching television.</p> <p>On 6/17/24 at 11:50 a.m., Resident D was observed with long, untrimmed fingernails with dark debris underneath the fingernails on both hands, while lying in bed watching television.</p> <p>During an interview, on 6/18/24 at 9:35 a.m., Resident D's family member indicated when she visited Resident D, she would sometimes trim and often cleaned underneath Resident D's fingernails because there was dark stuff underneath the fingernails that looked "disgusting."</p> <p>On 6/18/24 at 11:45 a.m., Resident D was observed</p>			F 0677	<p>Plan of Correction F677 ADL Care Provided for Dependent Residents</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Resident D is receiving assistance with nail care How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to be affected by the alleged deficient practice. ·Interviews with residents were completed by Care Companions to ensure that nail care is being received per preference. Care plans updated as needed.</p>		07/02/2024

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	<p>with long, untrimmed fingernails with dark debris underneath the fingernails on both hands, while lying in bed watching television.</p> <p>During an observation with the Director of Nursing (DON) of Resident D, on 6/18/24 at 1:13 p.m., the DON observed Resident D with long, untrimmed fingernails with dark debris underneath the fingernails on both hands and indicated, the resident's nails were too long and dirty. Staff should have trimmed and cleaned the fingernails when they observed the soiled hands and during bathing.</p> <p>Resident D's record was reviewed on 6/17/24 at 10:05 a.m. The resident was admitted to the facility, on 2/19/24, with diagnoses included but not limited to, dementia (general term for loss of memory, language, problem-solving, and other thinking abilities severe enough to interfere with daily life), hemiplegia and hemiparesis following cerebral infarction (stroke) affecting the right dominant side (weakness and paralysis of the right side of the body after a stroke [loss of blood supply to the brain]), and aphasia (difficulty with language or speech) following cerebral infarction, and altered mental status.</p> <p>A quarter Minimum Data Set (MDS) assessment, dated 5/17/24, indicated Resident D had a severe cognitive impairment, had not rejected care, required setup or clean-up assistance for eating, partial/moderate assistance for personal hygiene, and required substantial/maximal assistance for toilet use, bathing, and dressing.</p> <p>An ADL assistance required care plan, initiated on 2/20/24, indicated the resident required staff assistance in performing ADLs with interventions, included but not limited to, morning and evening</p>				<p>·An all-nursing staff in-service will be completed by DNS/designee to include appropriate communication with residents regarding resident's ADL assistance with nail care. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>·An all-nursing staff in-service will be completed by DNS/designee on 7/2/2024. This included education on appropriate communication with residents regarding resident's ADL assistance with nail care.</p> <p>·Observational rounds will be completed by Customer Care Representatives daily to ensure that nail care is being received per preference. 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 DNS/designee will be responsible for the completion of an Accommodation of Needs QA tool for six months with audits being completed once weekly for one month, and then monthly for 5 months by a nurse manager or designee. The audit will include</p>		

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	<p>tasks included bathing, dressing, hair combing, and oral care.</p> <p>On 6/18/24 at 2:30 p.m., DON provided a copy of the 6/17/24 shower sheet for Resident D and indicated Certified Nursing Aide (CNA) 11 had bathed and completed the shower sheet for Resident D. CNA 11 had indicated to the DON that Resident D had pulled her hand away when CNA 11 had attempted to perform nail care after the bed bath.</p> <p>On 6/18/24 at 2:44 p.m., CNA 11 indicated the resident had wanted to stay in bed, so CNA 11 gave her a bed bath and nail care should have been completed with the bed bath. CNA 11 had washed the resident's hands, but the resident had withdrawn her hand when the CNA had tried to perform nail care. CNA 11 indicated she had gotten busy and forgot to go back to Resident D to complete the nail care. CNA 11 indicated she should have had another staff member try to do the nail care, since she was unable to complete the nail care for Resident D.</p> <p>On 6/18/24 at 3:04 p.m., DON provided and identified a document as a current facility policy titled, "IDT Comprehensive Care Plan Policy," dated 8/2023. The policy indicated, "...Policy: It is the policy of this facility that each resident will have an interdisciplinary comprehensive person-centered care plan developed and implemented...The care plan must include measurable goals and resident specific interventions based on resident needs and preferences to promote the resident's highest level of functioning including medical, nursing, mental, and psychosocial well-being...."</p> <p>This citation relates to Complaint IN00436259.</p>				<p>the selection of 10 residents.</p> <p>The Accommodation of Needs audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and or including termination of the responsible employee.</p>		

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	3.1-38(a)(3)(E)						