

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

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 05/25/2023
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 Complaint IN00408268.</p> <p>Complaint IN00408268 - Federal/state deficiencies related to the allegations are cited at F806.</p> <p>Survey dates: May 25, 2023</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Census Bed Type: SNF/NF:121 SNF: 9 Total: 130</p> <p>Census Payor Type: Medicare: 4 Medicaid: 104 Other: 22 Total: 130</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 6, 2023.</p>	F 0000	<p>This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection Report. Countryside Meadows respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</p>	
F 0806 SS=D Bldg. 00	<p>483.60(d)(4)(5) Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p>			

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

TITLE

(X6) DATE

Tara

McGlothlin

06/12/2023

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 disclosed 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>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>Based on observation, interview, and record review, the facility failed to provide lactose free milk to accommodate residents' allergies and preferences and lacked consistent documentation in resident records of lactose intolerance and preference for lactose free milk for 2 of 4 residents reviewed for dining services (Residents B, L, and Q).</p> <p>Findings include:</p> <p>1. During an initial pool interview on 5/25/23 at 10:59 a.m., Resident K indicated he did not always like the meals, had a long list of foods he did not like, and was lactose intolerant. He indicated he was a "big man," and the servings were not near enough food for him. The resident's breakfast tray was observed sitting on a dresser at the end of the bed, the food was gone, and drink containers empty to include a coffee cup and a half pint carton of 2% milkfat reduced fat milk. Resident K indicated regular milk could upset his stomach, make him gassy, and sometimes caused him to have diarrhea. He had not notified staff of having the incorrect milk that morning as he had a nice breakfast with hot coffee and did not want it to get cold while waiting for a replacement milk.</p> <p>A meal ticket laying on Resident K's breakfast tray indicated, regular diet, lactose intolerant, no milk products, and no peas. A list of food items on the tray included orange juice 6 ounces (oz), dry cereal 6 oz, scrambled eggs 2 oz, sausage patty 1 each, French toast ½ slice, syrup 2 oz, butter 1 packet, and lactose free milk 8 oz. Allergies:</p>	F 0806	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident K was immediately offered a lactose free milk. <p>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> <ul style="list-style-type: none"> All residents with preference or order for lactose free milk have the potential to be affected by the alleged deficient practice. IDT will review all current residents with lactose allergy or listed preference for lactose free milk. CDM will audit meal tickets to assure preferences were accurate on tray tickets. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Preferences Audit Tool will be completed by CDM or designee 8 times a week x 4 weeks; then 4 times a week x 8 weeks; then twice weekly x's 8 weeks. Coaching and counseling and 	05/26/2023

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	<p>lactose. On 6/25/23 at 11:21 a.m., the Activity Assistant was observed to enter to give the resident a Daily Chronical with the lunch menu listed on the back. She indicated the milk carton on the breakfast tray was not lactose free.</p> <p>Resident K's record was reviewed on 5/25/23 at 3:45 p.m. Diagnoses on Resident K's profile included, but were not limited to, transient cerebral ischemic attack (a brief stroke-like attack) morbid (severe) obesity due to excess calories, severe protein-calorie malnutrition, type 2 diabetes mellitus (condition that affects the way the body processes blood sugar), gastroesophageal reflux disease (GERD - stomach acid or bile irritated the food pipe lining), left below the knee amputation, nutritional anemia (not enough healthy red blood cells), and vitamin D deficiency.</p> <p>A face sheet on the electronic medical record (EMR) indicated, allergies to include lactose.</p> <p>A Physician's order for Resident K, dated 4/10/23, indicated regular diet.</p> <p>An Initial Nutrition Review, dated 4/11/23, indicated Resident K's current nutrition prescription indicated regular diet, lactose intolerant, problems with diarrhea and constipation, and documented foods disliked/not tolerated as lima beans, peas, and hot cereal. Food beverage preferences included orange juice and Lactaid for breakfast, lemonade and Lactaid for lunch, and lemonade and Lactaid for dinner.</p> <p>A Concern/Grievance Form from Resident K provided with the May 2023 grievance log, undated, indicated "the food sucks."</p>		<p>progressive discipline will be provided if a tray is not accurate.</p> <ul style="list-style-type: none"> All culinary staff were inserviced on tray accuracy and preferences on 5/26/23. <p>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> <ul style="list-style-type: none"> Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The Culinary Services Manager/designee will be responsible for completing the "Tray Accuracy" QA tool weekly for 4 weeks and then monthly for 6 months. If threshold of 90% is not met for either QA tool, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up. QAPI overseen by Executive Director. 	

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	<p>A dietary note from the Registered Dietician (RD), dated 4/17/23 at 8:30 p.m., indicated upon admission the resident had a regular diet. The RD note lacked documentation the resident had requested to have double portions of food, that he was lactose intolerant, and preferred to receive Lactaid for every meal.</p> <p>A Nurse Practitioner (NP) visit progress note, dated 5/15/23 at 1:36 p.m., indicated the resident had an allergy to lactose.</p> <p>A list of residents with lactose listed under their allergies, indicated Residents B, K, L, M, and Q. The Executive Director (ED) indicated Resident Q was the only one who had a physician's order for lactose free milk.</p> <p>A care plan, dated 4/8/23, indicated Resident K had a problem of allergies to include lactose. The goal was for the resident not to receive lactose or its derivative or come in contact/digest products containing lactose. Approaches included the resident had an allergy to lactose. Notify dietary and the pharmacy of all dietary allergies, and note the medication administration record (MAR), treatment administration record (TAR), and chart with all allergies.</p> <p>During an interview on 5/25/23 at 11:27 a.m., Certified Nursing Assistant (CNA) 8 indicated she was assigned to Resident K's hallway that date, had cared for him, and delivered meal trays on his hallway. She indicated she could not answer as to why the resident had regular milk versus lactose free milk on his breakfast tray, and indicated he may have asked for it.</p> <p>During an interview on 5/23/23 at 11:30 a.m., the Dietary Manager (DM) indicated last week a</p>				

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	<p>cooler had gone down, and they lost a lot of milk. The DM indicated there were 4 residents in the facility on lactose free diets served from the main kitchen, to include Residents B and L, and two additional residents residing on the secured memory care unit.</p> <p>The DM indicated, the cooler going down in the past week was no excuse, Resident K should not have gotten milk that was not lactose free. She had spoken to him the previous day about being lactose intolerant, but he had not reported he wanted double portions.</p> <p>2. During an initial pool interview on 5/25/23 at 11:39 a.m., Resident L indicated in his opinion all the food served in the facility was "garbage, horrible, and he would not feed it to his beagle hound."</p> <p>Resident L indicated about 10 days prior a fellow resident had come into his room with a petition against the food he was asking all the residents to sign, and he had. He no longer requested replacement foods as the dietary staff were incompetent and it would make no difference. Director of Nursing Services (DNS) had entered the room, overheard the conversation, and confirmed the resident's statements about the petition. Resident L indicated a good example of the kitchen's incompetence was he was lactose intolerant and supposed to have lactose free milk but the day before he had received a carton of whole milk on his food tray, and the current morning he did not receive any milk. The DNS offered to address the resident's concerns; he responded not to bother as nothing would get done. The DNS indicated she had reviewed his EMR and could not find documentation he was lactose intolerant but would follow up.</p>				

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	<p>Resident L's record was reviewed on 5/25/23 at 3:31 p.m. Diagnoses on Resident L's profile included, but were not limited to, type 2 diabetes mellitus, protein-calorie malnutrition, and GERD.</p> <p>A face sheet on the EMR indicated, no known drug allergies.</p> <p>A Physician's order for Resident L, dated 4/5/23, indicated regular diet.</p> <p>An Initial Nutrition Review, dated 4/7/23, indicated Resident L's current nutrition prescription indicated regular diet. Foods disliked/not tolerated indicated lactose intolerant, no milk, and resident wanted Lactaid. Other milk products were ok. Food beverage preferences included cranberry juice and Lactaid for breakfast, water and Lactaid for lunch, and water and Lactaid for dinner.</p> <p>Concern/Grievance forms provided with the May 2023 grievance log, indicated Resident L's grievance form was not available. The DNS indicated she was unsure where his form was, but she could rewrite it as she had heard his concerns.</p> <p>A dietary note from the RD, dated 4/16/23 at 4:45 p.m., indicated upon admission Resident L had a regular diet. He was at risk of altered nutrition related to diagnosis diabetes and unspecified protein calorie malnutrition. The RD note lacked documentation the resident was lactose intolerant and preferred to receive Lactaid for every meal.</p> <p>A care plan, dated 4/5/23, indicated Resident L was at nutritional risk related to diagnosis of type 2 diabetes mellitus and protein calorie malnutrition. The goal was for the resident to</p>			

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	<p>maintain weight without significant change.</p> <p>Approaches included to honor known food preferences.</p> <p>On 5/25/23 at 11:00 a.m., the ED provided a Concern/Grievance Log, and accompanying grievance/concern forms, dated May 2023. The ED indicated on 5/8/23 a former resident had taken a stack of grievance forms around the facility and asked his peers to fill out food related complaints. After she received the forms, the residents were all interviewed, and the 17 determined to be valid were documented on the monthly log and a new form completed that was not in the former resident's handwriting and with follow up detail. An emergency dietary council meeting was conducted 5/10/23 to address resident concerns documented to include things such as would like more vegetables, food cold, food bland, would like more variety, food tastes bad, and would like preferences updated.</p> <p>During an interview on 5/25/23 at 10:16 a.m., Registered Nurse (RN) 5 indicated the 100 hallway was primarily rehab to home residents. Residents had the option to eat in the main dining room over between the 400 and 500 hallways, but those needing assistance usually ate in the dining room on the hallway. Residents were given a menu to choose options for all 3 meals, and diets were ordered per the physician. Residents ultimately chose to eat what they wanted, and staff would go to the kitchen and get them alternative items such as a salad per request.</p> <p>3. On 5/23/23 at 11:30 a.m., the ED indicated there was a cooler on the secured memory unit that had lactose free milk available.</p> <p>On 5/25/23 at 2:55 p.m., observation of the secured</p>			

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	<p>memory unit refrigerator with CNA 9 and Qualified Medication Aide (QMA) 10. There was no lactose free milk in the refrigerator. CNA 9 and QMA 10 indicated they usually had little cartons of lactose free milk available, it was sent from the kitchen. CNA 9 and QMA 10 indicated Resident Q was the only resident with an order for lactose free milk on the unit. QMA 10 indicated she thought there had been lactose free milk available the prior day, but they must have used it.</p> <p>During an interview of 5/25/23 at 4:46 p.m., the DM indicated when a resident was admitted to the facility, she conducted the initial dietary interview to include food preferences, and the information was documented in the electronic medical record on a dietary assessment form. It was the responsibility of the Registered Dietician (RD) to assure the resident record reflected the correct diet order and developed a dietary care plan. The prior week staff had arrived at work to find one of the two milk coolers that was provided by the milk vendor off and the entire shipment of milk bad and stinky. The DM indicated after lunch on this date the ED had gone to the secured memory unit and taken their opened ½ gallon of lactose free milk to divide among the residents for dinner. A new shipment of lactose free milk was due the next morning before breakfast.</p> <p>The DM indicated residents receiving the incorrect milk this morning was just a human error by new staff that were working with a trainer. It was the DM's responsibility to assure lactose free milk was available and served to residents from the kitchen.</p> <p>On 5/25/23 at 5:25 p.m., the ED provided a Food Alternates policy, dated 5/23, and indicated the policy was the one currently being used by the</p>			

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	<p>facility. The policy indicated, "It is the policy of the facility to obtain resident food allergies, intolerances, and preferences and to offer appropriate alternatives. Procedure: 1. Every effort will be made to ascertain individual food preferences, intolerances, and allergies upon admission and as needed so that appropriate alternatives can be provided when necessary. 2. Alternatives provided should be of similar nutritive value. Alternatives should be offered which are within the parameters of any therapeutic diet order ...4. The Culinary Department will have alternative food items available at all meals...."</p> <p>This Federal tag relates to Complaint IN00408268.</p>			