

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  04/11/2025
NAME OF PROVIDER OR SUPPLIER  Countryside Manor Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Marine Dr Anderson, IN 46016	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32663</p> <p>Based on interview and record review, the facility failed to ensure staff followed resident care plan interventions and facility protocol while utilizing a mechanical lift during a transfer of a dependent resident for 1 of 4 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 4/11/25 at 10:40 a.m. Diagnoses included hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side, diabetes mellitus, hypertension, dysphagia, and chronic kidney disease.</p> <p>The most current Significant Change Minimum Data Set (MDS) assessment, dated 3/18/25, indicated the resident was depended for toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, chair/bed-to-chair transfer, and tub/shower transfer.</p> <p>A current care plan titled CNA Assignment Sheet Resident has specific needs related to their care, dated 11/09/22, had an intervention dated 11/09/22, of the resident is assisted with two person assist and hooyer (mechanical) [lift] with transfers. This intervention was last edited on 2/10/25.</p> <p>Review of a facility self- reportable, dated 2/9/25 indicated, on 2/8/25, the resident experienced pain and heard a popping sound. An x-ray was obtained and determined a subtle nondisplaced supercondylar fracture of the right elbow. The reportable did not mention any staff member or situation that may have been involved.</p> <p>A progress note, dated 2/7/25 at 9:34 p.m., indicated the resident complained of pain in the right shoulder while CNAs were utilizing a mechanical stand up lift for resident transfer to the bed. Range of motion resulted in no pain. The resident complained of pain while the shoulder was stationary.</p> <p>The facility investigation included an Administrator interview statement by QMA 1, dated 2/8/25, that indicated they had attempted to transfer the resident with the mechanical stand up lift without assistance of another staff member. The resident complained of pain in the right shoulder and the QMA immediately terminated the transfer and sought out assistance from CNA 2. The QMA informed LPN 3 of the resident's pain.</p> <p>QMA 1 was not available for interview during the survey on April 11, 2025 .</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Administrator interview statement by CNA 2, dated 2/10/25, indicated QMA 1 had requested assistance transferring the resident. When CNA 2 arrived to the resident's room, the resident was complaining of shoulder pain. QMA 1 and CNA 2 transferred the resident to a wheelchair and then to the bed. During the transfer, the resident did not complain. Once the resident was in bed they indicated the shoulder felt better while they were in bed.</p> <p>During an interview on 4/11/25 at 1:52 p.m., CNA 2 indicated QMA 1 had the resident in the lift before she requested her assistance. The resident said the QMA had put her in the stand up lift and her shoulder started hurting. QMA 1 put her back in the recliner and when CNA 2 came into the room, the resident was hooked up to the lift but was already in her recliner. I never saw [NAME] operate the lift or anything. CNA 2 indicate the resident preferred the stand up lift. CNA 2 indicated staff were supposed to have two people when operating any mechanical lift, as it had always been that way.</p> <p>During an interview on 4/11/25 at 3:16 p.m., CNA 4 indicated the resident required a mechanical lift because it became too difficult to stand. The resident used to use her left hand to hang on to the rails, but she could not do that any longer. CNA 4 had never used a stand-up lift for the resident's transfers, as she would feel safer using the mechanical lift.</p> <p>During an interview on 4/11/25 at 3:33 p.m., the DON indicated staff should always use two persons for any mechanical lifts. The facility did not have a policy dedicated to mechanical lift safety.</p> <p>A current copy of staff education related to mechanical lift transfers was provided by the DON on 4/11/25 at 2:00 p.m The education indicated the following: .REMINDER .All mechanical equipment such as Hoyer Lift or Stand Up Lift MUST be utilized with the assistance of at least 2 people. You cannot use these by yourself. Failure to comply will result in disciplinary action. This is for the resident and associate's safety .You must check your assignment sheets to verify resident transfer status. Theses can be found on the iPads. If you need assistance with this, please notify your supervisor or ADON (name). Do not solely go off what the resident or staff tell you. Verify by reviewing the assignment sheet.</p> <p>This citation relates to complaint IN00453043.</p> <p>3.1-37(a)</p>		