STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155258	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Manor Health & Living Community	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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to ensure Skilled Nursing Facility Advanced Beneficiary Notices (SFN ABN) were provided to residents and/or resident representatives at the end of Medicare A covered services and failed to ensure the forms were completed appropriately when provided to residents and/or resident representatives for 2 of 3 residents reviewed for Beneficiary Notice. (Residents 104 and 41) The deficient practice was corrected on 2/9/26, prior to the start of survey, and was therefore past noncompliance. Findings include: On 2/20/26 at 11:11 a.m., the Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review Forms were reviewed, and indicated the following:1.Resident 104 was admitted to Medicare Part A Skilled Services on 7/10/25. The last covered day of Part A services was 8/4/25. The SNF Notice of Medicare Non-Coverage (NOMNC) was reviewed with the resident's representative by phone on 8/1/25. The NOMNC indicated the resident had exhausted their Medicare A benefits.The clinical record lacked the SNF ABN.A 8/1/25, progress note indicated the resident was cognitively impaired and the resident representative was contacted. The resident's representative was advised of liability beginning on 8/5/25 and a copy of the NOMNC was available in the resident's room. 2. Resident 41 was admitted to Medicare Part A Skilled Services on 12/16/25. The last covered day of Part A services was 12/31/25. The SNF NOMNC was reviewed and signed with the resident on 12/16/25. The NOMNC indicated the resident had exhausted their Medicare A benefits. The SNF ABN was reviewed with the resident and signed on 12/26/25. The SNF ABN form was not completed in full. The section labeled F. Estimated Cost was left blank.A 12/26/25, progress note indicated the NOMNC was reviewed with the resident. The resident requested his family be contacted about the decision and a voicemail was left.During an interview, on 2/20/26 at 1:42 p.m., the Social Services Director (SSD) indicated when a resident was removed from Medicare A covered services, they were given a NOMNC and an ABN form to read and sign. She reviewed the information with them which included how to file an appeal, what services might not be covered, and an estimated cost of those services not covered. The SSD indicated Resident 104 should have received an ABN when discharged from Medicare A services. Resident 41's ABN should have been filled out completely with cost estimates, so the resident and/or resident representative could make an informed decision about the services moving forward. During an interview, on 2/20/26 at 3:29 p.m., the Regional Social Service Consultant indicated she has completed an audit reviewing the Medicare A NOMNC and ABN documents on 2/9/26. The audit tool was reviewed with the SSD and an action plan was put into place.A review of the Medicare A Discharge audit tool, on 2/20/26 at 4:02 p.m., indicated that Resident 104 should have received an ABN upon discharge from Medicare A services on 8/4/25.A review of the action plan, on 2/20/26 at 4:02 p.m., indicated the following: All residents with Medicare A services will be reviewed in the weekly Medicare meeting. Any resident with Medicare A services that intends to remain in the facility long term will be added to the ABN Required list. The SSD will verify resident costs with the Business Office Manager and deliver the NOMNC and ABN to the residents at least 48 hours prior to loss of coverage. The ABN will be uploaded into the resident's clinical record. The original document will be kept in the SS office.During a follow-up interview, on 2/20/26 at 4:02 p.m., the Regional Social Services Consultant indicated the ABN form needed to be filled out completely and provided to the (continued on next page)

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident and/or resident's representative so they have all the information needed to make an informed decision about services and care.An undated, current facility policy, titled, Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage, provided by the Administrator on 2/20/26 at 3:18 p.m., indicated the following: .Medicare requires Skilled Nursing Facilities (SNFs) to issue the SNF ABN to Original Medicare.patients prior to proving care that Medicare usually covers, but may not pay for in this instance because the care is: not medically reasonable and necessary; or considered custodial.The SNF ABN provides information to the patient so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. D. In this section, the SNF enters the estimated cost of the corresponding care that may not be covered by Medicare. The SNF should enter an estimated total cost or a daily, per item, or per service cost estimate. SNF's must make a good faith effort to insert a reasonable cost estimate for the care. 3.1-4(f)(3)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure insulin (a medication to treat diabetes mellitus) pens were labeled with resident identifiers, dated when opened, and disposed of when expired for 2 of 5 carts reviewed for medication storage. (300 south cart and 300 short cart)Findings include:1.During a medication storage observation, on 2/19/26 at 9:59 a.m., of the 300-hall south cart, accompanied by the Unit Manager, the following was observed:One open Lantus (long-acting) insulin pen dated 1/17/26; the pen had approximately 80 units remaining.One open Novolog (rapid-acting) insulin pen dated 1/10/26; the pen had approximately 175 units remaining.During an interview at the time of the observation, the Unit Manager indicated that insulin was good for 30 days and all expired insulin needed to be disposed of properly. The Unit Manager confirmed the open insulin pens had expired. She indicated only two residents received insulin from this medication cart.2.During a medication storage observation, on 2/19/26 at 10:18 a.m., of the 300-hall short cart, accompanied by QMA 6, the following was observed:One undated and unlabeled, open Novolog insulin pen with approximately 220 units remaining.During an interview at the time of the observation, QMA 6 indicated all medications should be labeled with resident identifier information. Insulin was good for 28 days and all expired medications should be disposed of properly. QMA 6 indicated two residents received insulin from this medication cart. An undated, current facility policy, titled, Drug Storage, provided by the Administrator on 2/20/26 at 12:39 p.m., indicated the following: . All expired, damaged and/or contaminated medications are removed from resident care areas and stored separately from medications available for administration. Discontinued and expired medications should be removed from medication carts, refrigerators and cupboards promptly. Insulin and other multi-dose injectable vials or pens must be discarded after 28 days or according to manufacturer's recommendations. Insulin and PPD (TB) vaccine and other multi-dose vials requiring refrigeration need to be dated when opened. All vials should be discarded within 28 days of the open date.An undated, current facility policy, titled, Cubex, provided by the Administrator on 2/20/26 at 1:17 p.m., indicated the following: . Multi-dose items. will need to have generic label affixed by the nurse staff that includes the following information; a. Patient name, b. Prescriber name, c. 1 additional patient identifier, such as a date of birth . 3.1-25(j)3.1-25(k)