

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155792	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Countryside Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 762 N Dan Jones Rd Avon, IN 46123	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>34129</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 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>(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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 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>3.1-38(a)(3)(E)</p>		