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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155334 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7301 E 16TH ST<br>INDIANAPOLIS, IN 46219 |
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|--------------------|---|---------------|---|----------------------|
| F000000            | <p>This visit was for the Investigation of Complaints IN00161408 and Complaint IN00162010.</p> <p>Complaint IN00161408--Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00162010--Substantiated. Federal/state deficiency related to the allegation is cited at F516.</p> <p>Survey date: January 5, 6, and 7, 2015</p> <p>Facility number: 000227<br/>Provider number: 155334<br/>AIM number: 100267520</p> <p>Survey team:<br/>Penny Marlatt, RN</p> <p>Census bed type:<br/>SNF/NF: 142<br/>Total: 142</p> <p>Census payor type:<br/>Medicare: 31<br/>Medicaid: 90<br/>Other: 21<br/>Total: 142</p> <p>Sample: 4</p> | F000000       |   |                      |

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

TITLE

(X6) DATE

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.

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| F000516<br>SS=D    | <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 9, 2015 by Cheryl Fielden, RN.</p> <p>483.75(l)(3), 483.20(f)(5)<br/>RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS<br/>A facility may not release information that is resident-identifiable to the public.</p> <p>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>Based on interview and record review, the facility failed to safeguard the clinical record of 1 of 3 resident's records reviewed for record requests, in that the record of one resident did not have the signed release for records available for review upon request. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 1-5-15 at 12:05 p.m. His</p> | F000516       | Please accept this plan of correction as our credible allegation of compliance and request that our plan be considered for a papercompliance desk review. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of | 01/20/2015           |

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|  | <p>diagnoses included, but were not limited to, congestive heart failure, coronary atherosclerosis, diabetes, chronic obstructive pulmonary disease (COPD) and pneumonia. It indicated he was admitted to the facility on 10-14-14 and discharged to an area hospital on 12-7-14.</p> <p>In an interview with a family member of Resident #B on 1-5-15 at 11:08 a.m., she indicated approximately 2 days after the resident passed away at the hospital on 12-17-14, she filled out a form at the facility, requesting a copy of his clinical record. She indicated she had phoned the facility the prior evening to make a verbal request of the same. Resident #B's family member had spoken with someone at the facility in the last week about the records and was informed it might take some time to receive the records due to the holidays. She indicated she had not received any records, as of 1-5-15.</p> <p>In an interview with the Executive Director (ED) on 1-7-15 at 1:40 p.m., she indicated medical records for Resident #B had recently been mailed to the family. She provided documentation to indicate a 3.5 pound package was sent on 12-31-14 to the spouse of Resident #B via a mailing service. The mailing service's tracking mechanism indicated</p> |   | <p>state and federal law.1. Resident #B's spouse received a copy of his clinical medical record on 1-6-2015 at 1:24PM at the spouse's listed address per receipt from the mailing service.</p> <p>2. An audit of as been completed for medical records request and any findings addressed. The Medical Records Director is no longer employed at the facility. 3. The Medical Records department, all department managers and licensed nurses have been educated on the policy for Release of Patient Information.</p> <p>4. The ED/designee will complete a weekly audit of all medical record requests for one month, then twice a month, then monthly to validate elements of the authorization are complete and signed by the patient or legal representative, the original hard copy of the request and the associated response in the resident's HIPPA Request and Response Folder, and a copy was prepared and provided to the requester. All findings will be reported to the PI committee monthly. The Pi committee will determine when 100% compliance is achieved or if ongoing monitoring is needed.</p> |   |  |   |  |

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|  | <p>this package was delivered on 1-6-15 at 1:24 p.m., to the spouse's listed address.</p> <p>In an interview with the ED on 1-7-15 at 1:50 p.m., she indicated staff on the unit on which Resident #B had resided indicated they recalled someone received a phone call on an evening shift after his discharge from the spouse requesting a copy of the medical record. She indicated, "I have no idea if she signed a release for them; that would be in medical records."</p> <p>In an interview with the ED on 1-7-15 at 2:50 p.m., she indicated she could not locate a written records release form for Resident #B in his medical record. She indicated, "Normally, we would have a written/signed release, then check with [our] corporate [office] about sending records. I just can't find the signed release. We've had some changes in our medical records staff and I cannot find that particular information."</p> <p>In an interview with the ED on 1-7-15 at 3:50 p.m., she indicated she had just received a phone call from the corporate office. She indicated she was told the corporate staff recalled receiving a phone call for approval to send out medical records on Resident #B on a Friday at the end of December, either on 12-19-14 or</p> |   |   |   |  |   |  |

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|                    | <p>12-26-14.</p> <p>In an interview with the Director of Nursing (DON) on 1-7-15 at 3:20 p.m., she indicated all requests for medical records are logged in the medical records department. The DON indicated she could not locate the log for the records releases.</p> <p>On 1-7-15 at 3:07 p.m., the ED provided a copy of a policy entitled, "Release of Patient Information." This document listed a revision date of 8-31-11 and was indicated to be the current policy utilized by the facility. This policy indicated, "When an inquiry or a request for protected health information (PHI) is received, the request is validated and a determination on releasing the information is made. 1. When an inquiry is received, determine if an authorization is required...2. Provide a copy of the authorization, if one is required. 3. When received, stamp or write the receipt date on the authorization, and sign by the date. 4. Validate elements of the authorization are complete and signed by the patient or legal representative...6. Log the request, if required. 7. Prepare the record and provide to the requester...Documentation Guidelines: 1. Maintain the original hard copy of the request(s) and the associated response(s)</p> |               |   |                      |

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|  | <p>in the resident's HIPAA Request and Response Folder."</p> <p>This Federal tag relates to complaint IN00162010.</p> <p>3.1-50(d)</p> |   |   |                      |   |