

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2011
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WEDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN47129
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F0000	<p>This visit was for Investigation of Complaint IN00100530.</p> <p>Complaint IN00100530 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F328, and F514.</p> <p>Survey dates: 11/30/11 and 12/1/11</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 12 SNF/NF: 107 Total: 119</p> <p>Census payor type: Medicare: 28 Medicaid: 70 Other: 21 Total: 119</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Please accept this Plan of Correction as the center's credible allegation of compliance. 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. This facility respectfully request's paper compliance/desk review for this survey.	

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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F0157 SS=D	<p>Quality review 12/05/11 by Suzanne Williams, RN</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified for clarification of physician's orders related to use of a BiPAP (Bilevel positive airway pressure) machine for 1 of</p>	F0157	<p>1. Resident C no longer resides at this facility, no corrective actions required.2. There is currently no other residents using Bipap/Cpap.3. Inservice will be held with with all licensed nurses</p>	12/14/2011	

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	<p>1 resident reviewed related to use of a BiPAP machine in a sample of 6. (Resident C)</p> <p>Findings include:</p> <p>The closed clinical record for Resident C was reviewed on 11/30/11 at 10:10 p.m. The record indicated the resident was admitted from the hospital to the facility on 9/9/11.</p> <p>The Physician's Admissions Orders Record, dated 9/9/11, included, but was not limited to, "O2 [oxygen] @ [2 with scribble marking through and written above] 3 LPM [liters per minute] per N/C [nasal cannula] continuous."</p> <p>A Physician Telephone Order, dated 9/9/11 at 6:00 p.m., indicated, "Bipap @ HS [bedtime]."</p> <p>The Medication Record for 9/9 through 9/10/11 indicated a nurse's initials next to the entry for "Bipap @ HS" from 10:00 p.m. to 6:00 p.m.</p> <p>A Resident Progress Note for 9/9/11 at 11:30 p.m., indicated, "...Bipap in place as ordered...."</p> <p>Hospital documentation included in the clinical record at the time of the review</p>		<p>on 12-14-11 regarding clarification of physician orders related to use of a Bipap.4.DNS/Designee will audit all Bipap/Cpap orders as recieved and verify orders are complete. This will be an ongoing practice.5. Date of Completion 12-14-11.</p>		

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	<p>indicated, on the Medicine Administration Record for 8/29 through 9/9/11, "Home Bipap/CPAP; and PRN [as needed] RT [Respiratory Therapy]: Every Night at Bedtime; per home settings. Requested by [name of attending physician]." A hospital Respiratory Care Documentation Form with dates for 9/6 through 9/8/11 indicated, "Home Therapy, "Oxygen at 2 LPM continuous/[symbol for with] Bipap."</p> <p>During interview on 11/30/11 at 8:50 p.m., LPN #13 indicated nurses assisted residents with their BiPAP equipment, and the settings for the BiPAP equipment should be indicated as treatments on the Medication Record.</p> <p>During interview on 12/1/11 at 10:30 a.m., the Director of Nursing (DON) indicated she would look for information about the care for Resident C related to his BiPAP equipment. On 12/1/11 at 10:50 a.m., the DON indicated she had spoken with the nurse, LPN #9, who had cared for Resident C on 9/9/11. The DON indicated LPN #9 told her no information was in the hospital record sent with the resident related to the BiPAP, so the nurse called the Nurse Practitioner, who said to use the BiPAP as the resident had at home, with the settings as they were. The DON indicated the pulmonologist would</p>				

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	<p>have been the physician ordering the BiPAP, and the resident was admitted on Friday, when the pulmonologist would not be available.</p> <p>During interview on 12/1/11 at 11:25 a.m., the DON indicated she could not find orders related to the resident's BiPAP from the hospital. She indicated Resident C must have taken his BiPAP machine from home to the hospital and then brought it to the facility. She indicated when a resident brought his own equipment, the facility would need to call the provider to get the settings for the equipment.</p> <p>During interview on 12/1/11 at 12:10 p.m., LPN #9 indicated Resident C was adamant about using the BiPAP machine. She indicated the resident was upset the facility did not know the settings, so they "went with the settings on it."</p> <p>Review of the facility policies for "Bilevel Positive Airway Pressure (BiPAP)" and "Continuous Positive Airway Pressure (CPAP)" received from the DON on 12/1/11 at 11:25 a.m., indicated, for BiPAP, "...Obtain a physician order and verify setting...," and for CPAP, "...Verify physician's order. Order should include: a. Level of CPAP, b. Frequency of use, c. Oxygen liter flow, if applicable, d. Route</p>			

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F0328 SS=D	<p>of administration (i.e., nasal mask, face mask, etc.)...."</p> <p>This federal tag relates to Complaint IN00100530.</p> <p>3.1-5(a)(3)</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview, and record review, the facility failed to ensure signs indicating oxygen was in use were posted in accordance with facility policy for 2 of 2 residents observed using oxygen in their rooms without "Oxygen in Use" signs on the door, in the sample of 6. (Residents F and G)</p> <p>Findings include:</p> <p>During Initial Tour on 11/30/11 at 7:40 p.m., Resident F was observed seated in a wheel chair in her room. Oxygen tubing</p>	F0328	<p>1. On 11-30-11, an audit was completed and all rooms with oxygen signs was validated on all doors.2. No residents found to have been affected.3. Inservice will be held on 12-14-11 to include usage/requirement of Oxygen in use signs.4. DNS/Designee will monitor new orders daily and Central Supply Clerk will conduct weekly audits to ensure appropriate signage remains in place. This will be an ongoing practice.5. Date of Completion 12 -14-11.</p>	12/14/2011	

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	<p>was observed running from an oxygen concentrator to the resident's nasal cannula. No "Oxygen in Use" sign was posted on the resident's door.</p> <p>During observations for use of "Oxygen in Use" signage on 12/1/11 beginning at 11:40 a.m., Resident F's room was observed to have no "Oxygen in Use" signage. Resident G was observed in his room, seated in his wheel chair eating lunch. A portable oxygen tank was observed on the back of his wheel chair with oxygen tubing to the resident's nasal cannula. An oxygen concentrator was observed next to the resident's bed. No "Oxygen in Use" sign was posted on the resident's door.</p> <p>On 12/1/11 at 1:30 p.m., the Director of Nursing (DON) provided the facility's policy for "Oxygen Administration." Review of the policy indicated, "Equipment/Supplies...Oxygen in use sign....Procedure: ...35. Place an oxygen precaution sign on the resident's door....38. When oxygen therapy is discontinued, return and/or dispose of all equipment properly...."</p> <p>During interview at the Exit Conference on 12/1/11 at 3:15 p.m., the Director of Nursing nodded "yes," when the concern related to inconsistency with "Oxygen in</p>				

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F0514 SS=D	<p>Use" signage was mentioned.</p> <p>This federal tag relates to Complaint IN00100530.</p> <p>3.1-47(a)(6)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the clinical record included complete documentation related to resident care for 1 of 4 residents whose records were reviewed related to complete documentation in the sample of 6. (Resident C)</p> <p>Findings include:</p> <p>The closed clinical record for Resident C was reviewed on 11/30/11 at 10:10 p.m. The record indicated the resident was admitted from the hospital to the facility on 9/9/11.</p>	F0514	<p>1. Resident C no longer resides at facility.2. No other residents found to be affected.3. Inservice will be held with licensed staff and will include review of facility Policy and Procedure regarding documentation.4. DNS/Designee will audit all new admsiion charting for the 72 hour requirement. This will be a daily and ongoing practice.5. Date of Completion 12-14-11.</p>	12/14/2011	

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	<p>The Patient Nursing Evaluation was completed on 9/9/11 at 1:30 p.m.</p> <p>A Resident Progress Note for 9/9/11 at 1:30 p.m., indicated, "Pt [patient] arrived via EMS [Emergency Medical Service] 4 attendants. Pt orientated to facility. [Symbol for no] distress noted. See Nursing Evaluation Packet for New Admission."</p> <p>A Condition Change Form, untimed, indicated, "Bipap [Bilevel Positive Airway Pressure] @ HS [bedtime]."</p> <p>The next Resident Progress Note was 9/9/11 at 11:30 p.m.</p> <p>During interview on 12/1/11 at 12:10 p.m., LPN #9 indicated she was the day shift nurse and cared for Resident C at the time of his admission. She indicated she was assisted in the initial assessment of the resident by the evening shift nurse, LPN #3, whose shift was from 2:00 p.m. to 10:00 p.m. LPN #9 indicated when a resident is admitted, a nurse should write a Resident Progress Note at least every shift for the first 72 hours. LPN #9 indicated on the day of his admission, the resident was upset because he had to be weighed and required the use of a Hoyer lift for transfer to wheel chair for transport</p>			

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	<p>to a scale. LPN #9 indicated the resident's physician had ordered a fluid restriction for him, and the resident had been upset about the fluid restriction. LPN #9 indicated the resident was not satisfied that a "pink jug" for ice water was not provided to him. LPN #9 indicated she had educated the resident on his right to refuse the fluid restriction and the detrimental effect it might have on his condition. LPN #9 indicated the resident was adamant that he be allowed to use his BiPAP machine, although the facility had received no information, and the resident was upset that the staff did not have the appropriate settings for the machine. LPN #9 indicated the concerns about the weighing, fluid restriction, and BiPAP were not documented in the record. LPN #9 indicated the resident's spouse had been present and discussed the care also. LPN #9 reviewed the record and indicated the second shift nurse did not write a Resident Progress Note.</p> <p>The facility policy for "Documentation and Charting Frequency Guidelines" was provided by the Director of Nursing on 12/1/11 at 1:35 p.m. The policy indicated, "New Admission - Licensed Nurse - every shift (a minimum of three times in a 24 hour period) for 72 hours in the Resident Progress Notes...."</p>				

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