

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2012
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-GREENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIDGE BLVD GREENWOOD, IN 46142
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F0000	<p>This visit was for the Investigation of Complaint IN00118744.</p> <p>Complaint IN00118744- Substantiated, a Federal/State deficiency related to the allegations is cited at F309.</p> <p>Survey dates: November 1, 2012</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Survey team: Marcy Smith, RN-TC</p> <p>Census bed type: SNF/NF: 160 Total: 160</p> <p>Census payor type: Medicare: 42 Medicaid: 98 Other: 20 Total: 160</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November</p>	F0000		

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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	2, 2012 by Bev Faulkner, RN			

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F0309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed complete daily dressing changes following a surgical repair of an ankle, resulting in the need for antibiotics and cancellation of a surgery to further repair and restore the function of the ankle for 1 of 3 residents reviewed for wound care in a sample of 3. (Resident #A)</p> <p>Findings include:</p> <p>The record of Resident A was reviewed on 11/1/12 at 11:00 a.m.</p> <p>Diagnoses for Resident A included, but were not limited to, open fracture of the ankle, closed fracture of the tibia and difficulty walking.</p> <p>Resident A was admitted to the facility on 9/24/12.</p> <p>An undated hospital "Discharge/Transfer Form," indicated Resident A had an Open Reduction</p>	F0309	<p>This plan of correction is 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. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law. The alleged deficiency was related to a discharged Resident. No immediate action regarding this affected Resident could be taken, although the records were reviewed to establish the cause of the deficiency. The orders were not clarified. The orders for other Residents that could be affected by the deficient practice were immediately reviewed, all orders and treatments were found to be correct. No further action regarding these Residents was required. The Nursing Staff will be educated in regards to transcribing and clarifying orders. The facility has established a practice that 2</p>	11/17/2012			

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	<p>Internal Fixation (ORIF) surgical procedure done to his left ankle on 9/18/12. It indicated "...Care Instructions...Daily Dressing changes cover incision with betadine soaked curity or adaptic through window in cast [illegible] cover [with] gauze." This order had a line drawn through part of it and was written in 2 different appearing handwritings.</p> <p>A Hospital Discharge Summary, dated 9/21/12, indicated "...ORIF September 18, 2012, stage 1 surgery, still needing another surgery stage 2 in 2 weeks from now...Care Instruction: Daily dressing changes to left ankle/heel. Cover incision with Betadine soaked Curity or Adaptic gauze that width...This patient will still need a second stage surgery for his left ankle in 2 to 3 weeks..."</p> <p>There was no documentation to indicate any dressing changes had been done on Resident A's left ankle surgical wound while he was at the facility.</p> <p>He was discharged from the facility on 10/2/12.</p> <p>During an interview with Unit Manager #1 on 11/1/12 at 1:40 p.m., she indicated wound care was not done at</p>		<p>persons will review admission orders. The DNS, ADNS, or, Unit Manager will monitor all admission orders for accuracy. This is an ongoing program. The QA committee will monitor the system for 6 months, and semi-annulay there after.</p>				

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	<p>the facility for Resident A.</p> <p>During an interview with the Director of Nursing Services (DNS) on 11/1/12 at 1:45 p.m., she indicated the nurses assumed the part of the order about doing daily dressing changes, which had a single, slanted line going through it, was no longer applicable and the wound was just supposed to be kept covered with gauze.</p> <p>On 11/1/12 at 2:15 p.m., the DNS was observed talking on the telephone with the Physician's Assistant to the surgeon who performed the ORIF on Resident A's left ankle. She indicated, when the conversation was over, "They wanted daily dressing changes."</p> <p>During an interview on 11/1/12 at 4:00 p.m., with the Physician's Assistant to the surgeon who performed the ORIF on Resident A's left ankle on 9/18/12, he indicated the resident was seen by the physician shortly after his discharge from this nursing facility. He indicated at that office visit the left ankle wound was noted to be "macerated," "wet and wrinkly" and "draining" which "happens when dressings don't get changed." He indicated the resident was started on oral antibiotics at that</p>			

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	<p>time for 10 days. He indicated Resident A was seen again by the surgeon on 10/23/12. The antibiotics were not continued at that time. He indicated Resident A needed a second surgery 2-3 weeks after the first surgery because after the first wound has healed they can go back and better fixate the fracture from the opposite side. He indicated after a certain point it becomes impossible to easily manipulate the bones to get them into better position because they are too healed together. He indicated Resident A was not able to have this second surgery, as planned, because of having to wait so long for the original surgical wound to heal due to lack of dressing changes.</p> <p>During an interview with Resident A on 11/1/12 at 3:22 p.m., he indicated "They don't know what the next plan will be...They're not giving me a game plan...We missed the window where they could do it." [i.e. the second surgery]</p> <p>During an interview with the DNS on 11/1/12 at 2:15 p.m., she indicated "We should have clarified the dressing order."</p> <p>This federal tag relates to Complaint IN00118744</p>			

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