

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/04/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F000000	<p>This visit was for the Investigation of Complaint IN00129454.</p> <p>Complaint IN00129454 Substantiated. Federal/ State deficiencies related to the allegations are cited at F157, F282, F314, and F502.</p> <p>Survey date: June 4, 2013</p> <p>Facility number : 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 104 Total: 104</p> <p>Census payor type: Medicare: 6 Medicaid: 79 Other: 19 Total: 104</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p>	F000000	Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on June 4, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.	

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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	Quality review completed on June 7, 2013 by Randy Fry RN.			

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) 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 interview and record review the facility failed to notify the physician of the need for clarification of lab tests for 1 of 3 residents reviewed for lab tests in a sample of</p>	F000157	Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on June 4, 2013. The facility respectfully requests a desk review of our plan of	07/01/2013			

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	<p><b>3. (Resident #X)</b></p> <p>Findings include:</p> <p>Resident X's record was reviewed 6-4-2013 at 1 PM. Resident #X's diagnoses included, but were not limited to, multiple sclerosis, diabetes, anxiety and depression.</p> <p>A physician's order for Resident #X dated 4-25-2013 indicated draw a BMP (basal metabolic profile) one time, then every 6 months.</p> <p>A review of Resident #X's clinical record did not reveal results for the BMP.</p> <p>In an interview on 6-4-2013 at 3:46 PM, the Director of Nursing (DON) indicated the lab test had not been drawn, and the physician should have been notified for clarification when the lab test was to be drawn.</p> <p>This Federal tag relates to Complaint IN00129454.</p> <p>3.1-5(a)(3)</p>		<p>correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.</p> <p>1. Resident X's chart was audited on 6/6/13. Resident had a Chem 6 lab drawn on 6/6/13 and results were within normal limits. Family and physician notified of results. The nurse responsible for not processing the lab order was counseled and educated on 6/9/13 on processing orders including missing labs, clarifications and MD notification.</p> <p>2. All residents have the potential to be affected. Current resident charts were audited on 6/18-19/13 to ensure compliance. Physicians notified and all orders have been completed for compliance.</p> <p>3. A Laboratory Tracking Log was initiated to ensure compliance with all orders. The lab tracking log will be monitored daily by the DNS and/or designee. Physician(s) will be notified immediately for any needed clarification of lab orders.</p> <p>4. The Director of Nursing or designee will audit the lab tracking log daily with timely physician and family/responsible party notification for untimely results 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days. Nurses will be serviced on 6/24/13 regarding notification of</p>				

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			physicians regarding lab orders. Audit results will be reviewed in monthly PI meeting until 100% compliance as determined by PI committee has been achieved and then quarterly thereafter. Systemic changes will be made by July 1, 2013 for compliance.	

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to clarify and follow physician's orders for lab tests for 1 of 3 residents reviewed for completed lab tests in a sample of 3. (Resident #X)</p> <p>Findings include:</p> <p>Resident X's record was reviewed 6-4-2013 at 1 PM. Resident #X's diagnoses included, but were not limited to, multiple sclerosis, diabetes, anxiety and depression.</p> <p>A physician's order for Resident #X dated 4-25-2013 indicated draw a BMP (basal metabolic profile) one time, then every 6 months.</p> <p>A review of Resident #X's clinical record did not indicate results for the BMP.</p> <p>In an interview on 6-4-2013 at 3:46 PM, the Director of Nursing (DON) indicated the lab test should have been drawn.</p>	F000282	<p>Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on June 4, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.</p> <p>1. Resident X's chart was audited on 6/6/13. Resident had a Chem 6 lab drawn on 6/6/13 and results were within normal limits. Family and physician notified of results. The nurse responsible for not processing the lab order was counseled and educated on 6/9/13 on processing orders including missing labs, clarifications and MD notification.</p> <p>2. All residents have the potential to be affected. Current resident charts were audited on 6/18-19/13 to ensure compliance. Physicians notified and all orders have been completed for compliance.</p> <p>3. A Laboratory Tracking Log was initiated to ensure compliance with all orders. The lab tracking log will be monitored daily by the DNS</p>	07/01/2013

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	<p>Resident #X was sent to the hospital with a potassium (K+) level of 6.3 (normal level is 3.0-5.5). After receiving IV fluids, Resident #X's K+ level was 5.5, according to the hospital History &amp; Physical dated 5-16-2013.</p> <p>On return to the facility, Resident #X's admission orders contained an order for a low K+ diet. There was no indication a follow up K+ level should be drawn.</p> <p>In an interview on 6-4-2013 at 11:59 AM, LPN #2 indicated she had completed the readmission orders. LPN #2 further indicated she had not clarified the need for a K+ order with the physician.</p> <p>In an interview on 6-4-2013 at 1:48 PM, RN #1 indicated the physician should have been contacted about clarifying the lab order.</p> <p>This Federal tag relates to Complaint IN00129454.</p> <p>3.1-35(g)(2)</p>		<p>and/or designee. Physician(s) will be notified immediately for any needed clarification of lab orders.</p> <p>4. The Director of Nursing or designee will audit the lab tracking log daily with timely physician and family/responsible party notification for untimely results 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days. Nurses will be serviced on 6/24/13 regarding notification of physicians regarding lab orders. Audit results will be reviewed in monthly PI meeting until 100% compliance as determined by PI committee has been achieved and the quarterly thereafter.</p>		

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to complete wound measurement, assessment, and treatment for 1 of 3 residents reviewed for wound measurement, assessment and treatment in a sample of 3. (Resident X).</p> <p>Findings include:</p> <p>Resident X's record was reviewed 6-4-2013 at 1 PM. Resident #X's diagnoses included, but were not limited to, multiple sclerosis, diabetes, anxiety and depression.</p> <p>In an observation on 6-4-2013 at 9:53 AM, Resident X's coccyx was observed to have a U shaped denuded area from the coccyx down both buttocks. The area was approximately 1 inch wide at the</p>	F000314	<p>Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on June 4, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.</p> <p>1. Resident X had completed skin assessment completed on 6/14/13. Weekly skin assessments, including current measurements and documentation, will be documented in PCC system. The responsible nurses were counseled and educated on 6/6/13 on completion of skin assessments including measurements and documentation. 2. All residents have the potential to be affected. Skin assessment audits were</p>	07/01/2013			

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	<p>widest width around and about 8 inches long in total length. The area had a red wound base.</p> <p>A review of nurse's notes for Resident #X indicated no wound measurements since readmission on 5-18-2013.</p> <p>A review of Resident #X's wound measurement documentation on the Weekly Pressure Ulcer BWAT Report included documentation on 5-19-2013 indicating the area was 1 cm (centimeter) long by 0.1 cm wide. The documentation indicated there was no depth.</p> <p>The Weekly Pressure Ulcer BWAT Report dated 5-26-2013 did not include any measurements for Resident #X's coccyx area.</p> <p>There was no Weekly Pressure Ulcer BWAT Report for the next week (6-2-2013) for Resident #X's coccyx.</p> <p>In an interview on 6-4-2013 at 3:46 PM, the Director of Nursing (DON) indicated the nurse responsible for wound measurement on 5-26-2013 had not measured the area, and the nurse responsible for wound measurement on 6-2-2013 had not measured the area. She further</p>		<p>completed on 6/19/13. Weekly skin assessments with corresponding pressure or non-pressure assessments were completed as applicable to current residents. Nurses were in serviced on 6/24/13 for accurate and timely skin assessments, appropriate documentation to include wound measurements as applicable to the individual resident. 3. Skin assessments will be audited daily by the DNS or designee in morning clinical meeting to ensure admission assessments completed, and weekly skin assessments along with pressure and non pressure assessments completed timely for compliance. Nurses will do head to toe skin assessments on admission/re-admission, weekly skin assessments and pressure and non pressure assessments as needed. Weekly skin check sheets are completed by CNA's on shower days and the nurse is notified when applicable.4. Director of Nursing and/or designee will complete weekly wound tracking form for all pressure and non pressure areas. The Director of Nursing or designee will audit skin assessments, pressure and non pressure wound sheets 5 times weekly for 30 days, three times weekly for 30 days, two times weekly for thirty days. Audit results will be reviewed in monthly PI meeting until 100% compliance as determined by PI committee</p>				

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	<p>indicated the nurse's should have included measurements in the assessment of the area.</p> <p>In an interview on 6-4-2013 at 4:19 PM, the DON indicated a nurse with wound experience had looked at Resident #X's wound on 5-30-2013 at her request, had measured the area at about 8 cm x 6 cm, described the area as red and moist, but had not charted the assessment because she was not responsible for Resident #X on that shift.</p> <p>A current policy titled Prevention and Treatment of Pressure Ulcers and Non-pressure Related Wounds dated 8-31-2012 provided by the DON on 6-4-2013 at 2:46 PM indicated "Patients are assessed for pressure ulcers...Assessment includes:... d. Size (length x width)."</p> <p>This Federal tag relates to Complaint IN00129454.</p> <p>3.1-40(a)(1)</p>		has been achieved and then quarterly thereafter. Systemic changes will be made by July 1, 2013 for compliance.		

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to obtain labs as ordered by the physician for 1 of 3 residents reviewed for lab completion in a sample of 3. (Resident #X)</p> <p>Findings include:</p> <p>Resident X's record was reviewed 6-4-2013 at 1 PM. Resident #X's diagnoses included, but were not limited to, multiple sclerosis, diabetes, anxiety and depression.</p> <p>A physician's order for Resident #X dated 4-25-2013 indicated draw a BMP (basal metabolic profile) one time, then every 6 months.</p> <p>A review of Resident #X's clinical record did not include results for the BMP.</p> <p>In an interview on 6-4-2013 at 3:46 PM, the Director of Nursing (DON) indicated the lab test had not been drawn, but should have been.</p> <p>This Federal tag relates to Complaint IN00129454.</p>	F000502	<p>Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on June 4, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.</p> <p>1. Resident X's chart was audited on 6/6/13. Resident had a Chem 6 lab drawn on 6/6/13 and results were within normal limits. Family and physician notified of results. The nurse responsible for not processing the lab order was counseled and educated on 6/9/13 on processing orders including missing labs, clarifications and MD notification.</p> <p>2. All residents have the potential to be affected. Current resident charts were audited on 6/18-19/13 to ensure compliance. Physicians notified and all orders have been completed for compliance.</p> <p>3. A Laboratory Tracking Log was initiated to ensure compliance with all orders. The lab tracking log will be monitored daily by the DNS and/or designee. Physician(s) will</p>	07/01/2013			

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	3.1-49(a)		be notified immediately for any needed clarification of lab orders. 4. The Director of Nursing or designee will audit the lab tracking log daily with timely physician and family/responsible party notification for untimely results 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days. Nurses will be serviced on 6/24/13 regarding notification of physicians regarding lab orders. Audit results will be reviewed in monthly PI meeting until 100% compliance as determined by PI committee has been achieved and then quarterly thereafter.		