

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2012
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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F0000	<p>This visit was for the Investigation of Complaints IN00119524 and IN00120164.</p> <p>Complaint IN00119524 -- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00120164 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: December 5, 6 and 10, 2012</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Survey team: Penny Marlatt, RN, TC Barbara Gray, RN (December 5 and 6, 2012)</p> <p>Census bed type: SNF/NF: 142 Total: 142</p> <p>Census payor type: Medicare: 26 Medicaid: 85</p>	F0000	The facility requests that this plan of correction be considered its 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 probisions of federal and state law.	

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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	<p>Other: 31 Total: 142</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 12/11/12 by Suzanne Williams, RN</p>				

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to ensure medically-related social services were provided to a resident experiencing a change in condition related to physical and behavioral changes for 1 of 3 residents in a sample of 3 reviewed for possible abuse. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 12-5-12 at 2:45 p.m. His diagnoses included, but were not limited to, cardiomyopathies, congestive heart failure, chronic kidney disease, chronic obstructive pulmonary disease, high blood pressure, heart valve stenosis, cardiac pacemaker placement, angina, chronic dry eyes, and anxiety. The resident had signed an advanced directive for no cardiopulmonary resuscitation (CPR) on 9-7-12.</p> <p>Review of Resident #A's nursing progress notes and physician progress notes indicated an increase</p>	F0250	<p>F250 1. Resident #A no longer resides in the facility.</p> <p>1.All residents have the potential to be affected. An audit was performed to ensure provision of medically-related social services, for those residents experiencing a change in condition related to physical or behavioral changes with identified concerns addressed.</p> <p>1.Social Worker identified was provided with additional re-training relative to provision of medically related social services, including but not limited to ensuring medically-related social services and documentation of the same. Behavior monitoring will be reviewed by Social Services, or designee, daily, on scheduled days of work. Anxiety, mood indicators and behaviors will be reviewed during clinical meetings daily Monday through Friday, ongoing. Any residents with new anxiety, new mood indicators or new behaviors will receive follow up by assigned Social Worker with supporting documentation.</p> <p>A PI tool has been developed to be utilized to monitor provision of medically-related social services.</p>	12/21/2012			

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	<p>in anxiety and confusion and decline in general health in the weeks prior to his transfer to a local emergency room on 11-25-12 and subsequent hospitalization prior to his death on 11-27-12.</p> <p>Review of the social services progress notes indicated no documentation since 9-18-12. Documentation at that time concerned a possible discharge to an area assisted living facility.</p> <p>In interview with Social Services (SS) Staff #1 on 12-6-12 at 11:23 a.m., she indicated another social services staff member had worked with Resident #A. She indicated, "She worked with him practically on a daily basis, but unfortunately she didn't document the encounters. Her last notation was in September (2012.) He was on the list to see the psychiatrist. He visits once a month and [name of Resident #A] was on the list for the next visit which will be on 12-7-12, but unfortunately, he passed away before he could be seen. I have spoken with the other social worker about the importance of documenting the encounters with residents."</p> <p>A job description for "Social Services</p>		<p>Monitoring will occur for a minimum of 5 residents daily, on scheduled days of work, by Social Worker, or designee, for 30 days. Thereafter, monitoring will occur randomly, for at least 5 residents, on a weekly basis for 1 month. Thereafter, monitoring will occur randomly, for at least 5 residents, on a monthly basis, during the week prior to monthly PI meeting for 4 additional months. Any identified issues will promptly be addressed/resolved.</p> <p>1.All audits will be reviewed monthly by PI committee to determine need for continued audits.</p> <p>1.Systemic changes will be completed by 12/21/2012.</p>		

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	<p>Specialist I, II, III" without an activation date, but indicated as the current job description for the Social Services staff members, was provided by the Director of Nursing on 12-6-12 at 1:52 p.m. This document indicated functions include, "Advocates for the resident and with the resident, exploring possible compromises that keep the resident's best interest in mind...Provides direct psychosocial intervention to residents and residents' families/significant others. Assists resident's families/significant others in coping with skilled nursing placement, physical illness and disabilities, and the grieving process...Documents observations and events in the resident's medical record as needed; assesses and documents psychosocial impact of life events, health concerns and condition change..."</p> <p>3.1-34(a)</p>				

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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review and interview, the facility failed to ensure hair coverings were worn by all persons working in the dietary kitchen area. This deficient practice had the potential to adversely affect 127 residents who were using dietary services during the observation period.</p> <p>Findings include:  On 12/5/12 at 9:25 A.M., the Nutrition Service Supervisor was observed walking out of the kitchen door into the dining area without a hair covering. Dietary Aide #5 accompanied the Nutrition Service Supervisor out the kitchen door and was observed to have her hair wrapped in plastic. The Nutrition Service Supervisor indicated at that time, she had just arrived, and she was out of hair coverings. The Nutrition Supervisor indicated hair coverings should have been delivered on a truck that morning at 6:00 A.M.,</p>	F0371	<p>F371 1.No residents were affected by the practice listed on the 2567. Dietary Aide #4, Dietary Aide #5, Cook #6, Cook #1, and Cook #3 were all addressed relative to the need for correct use of hairnets, and to notify the Nutrition Services Manager should there be a shortage of supplies.</p> <p>1.All residents who are served meals from the kitchen have the potential to be affected, thus, this plan of correction applies to all of those residents.</p> <p>1.All dietary staff were re-inserviced relative to food procurement, store/prepare/serve – sanitary manner, including but not limited to, proper hair net usage and beard restraint usage. Hair and beard restraints will be available at each entry door to the dietary department. An extra box of hair and beard restraints will be stored in the Dietary Manager's office and in the Central Supply office. A PI tool has been developed for use in monitoring the nutrition services staff use of hair and</p>	12/21/2012	

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	but the truck had not arrived yet. The Nutrition Service Supervisor indicated she was sending Dietary Aide #5 to purchase hair coverings. An observation of the kitchen was conducted at that time. Cook #6 was observed with her hair wrapped in plastic. Cook #1 was observed to have a ear-loop mask covering a goatee and short beard. Cook #1 indicated it was the first time he had worn a ear-loop mask. Cook #1 indicated he had seen the ear-loop masks on a shelf and put one on. Dietary Cook #3 was observed to have a short beard with no covering. Dietary Aide #4 was observed wearing a ear-loop mask over his lower face covering a mustache. Dietary Aide #4 indicated he wore the ear-loop mask as needed. Dietary Aide #5 returned with hair coverings and Cook #3 placed one over his short beard. Dietary Aide #5 and Cook #6 also placed a hair covering over their hair. Upon further interview with the Nutrition Service Supervisor, she indicated she believed the ear-loop masks came from the nursing department. The Nutrition Service Supervisor indicated she had never seen the ear-loop masks before and her dietary staff had never worn them before. The Nutrition Service Supervisor indicated the men did not		beard restraints. The Nutrition Services Manager, or designee, will be responsible for monitoring for proper use of hair and beard restraints, daily for 30 days. Thereafter, Nutrition Services Manager, or designee, will be responsible for monitoring proper use of hair and beard restraints, randomly, at least three times weekly for 30 days. Thereafter, Nutrition Services Manager, or designee, will be responsible for monitoring proper use of hair and beard restraints, randomly, at least three times during the week prior to monthly PI meeting for 4 additional months. Any concerns will be immediately addressed with the responsible individual(s). 1.All audits will be reviewed monthly by PI committee to determine need for continued audits.  1.Completion Date: 12/21/2012		

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	<p>normally have beards and they did not have any beard coverings available. The Nutrition Service Supervisor indicated Dietary Aide #5 and Cook #6 had not had their hair covered and had wrapped their hair in plastic after a hairnet was requested.</p> <p>An interview with the Director of Nursing (DoN) on 12/6/12 at 5:56 P.M., indicated 127 residents are served meals from the kitchen.</p> <p>A Principles of Safe Food Handling policy and procedure, provided by the DoN on 12/6/12 at 2:25 P.M., indicated the following: "c. Restrain hair appropriately-Hair restraints such as hats, hair covering or nets are worn to effectively keep hair from contacting food and keep food handlers from touching their hair. Food handlers with facial hair should wear beard restraints...."</p> <p>3.1-21(i)(3)</p>				