

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033
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F000000	<p>This visit was for the Investigation of Complaint IN00144310.</p> <p>Complaint: IN00144310 Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F328.</p> <p>Survey dates: February 21, 24 and 26, 2014</p> <p>Facility Number: 012548 Provider Number: 155790 Aim Number: 201023760</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF: 50 SNF/NF: 38 Total: 88</p> <p>Census Payor Type: Medicare: 45 Medicaid: 17 Other: 26 Total: 88</p> <p>Sample: 3 Supplemental sample: 7</p>	F000000	<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 facility respectfully requests a desk review for this plan of correction.</p>	

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>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on February 28, 2014.</p>				

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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 record review and interview, the facility failed to notify a resident's physician for a change/increase in drainage, in that when a resident had a chest tube</p>	F000157	Resident A no longer resides in the facility. All residents have the potential to be affected. All residents medical records have been reviewed over the past 30 days to validate changes in	03/07/2014			

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	<p>with increased drainage, the nursing staff failed to notify the resident's physician for possible intervention, for 1 of 3 sampled residents. (Resident "A")</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 02-21-14 at 10:45 a.m. Diagnoses included, but were not limited to, malignant neoplasm, chronic obstructive pulmonary disease, pleurisy with effusion, a recent thoracotomy, and a chest tube. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 12-16-13.</p> <p>The record indicated the resident was seen by the facility physician on 12-18-13 (Wednesday). The notation indicated "may need to consider ATB's [antibiotics] if increased drainage...."</p> <p>During an interview on 02-24-14 at 9:15 a.m., licensed nurse #4 indicated she prepared the resident on 12-20-14 for an appointment at the Cancer Center. The licensed nurse indicated she noticed the resident had placed a washcloth</p>		<p>resident condition were identified and MD and family notification with change of condition. The 24 hour report has been reviewed for any change in a residents condition and notification to MD and family/resident. The Staff Development Coordinator and/or designee has in-serviced the Licensed nurses on facility policy and procedures related to notification of physicians and families with change of condition. All Licensed nurse have completed a skills validation on Chest Tube Care. The DNS/Designee are completing an audit of all Physician orders, condition change forms, alert charting lists and stop and watch froms five times a week to ensure proper notification of the physician. This audit will occur five times a week for four weeks, then weekly for three months. The DNS will report all issues identified and the PI committee will determine on going monitoring until 100% compliance is achieved or the PI committee will determine the need for further monitoring.</p>				

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	<p>around the chest tube and the washcloth had serosanguinous drainage. When interviewed if the nurse informed the physician for possible intervention, the nurse indicated the insertion site was red and had drainage, but believed she reported that information "maybe the day before." "The resident put the washcloth there because the drainage had increased by Friday."</p> <p>The record indicated the resident was scheduled to be transported to the local area Cancer Center on 12-20-13 at 12:45 p.m.</p> <p>A review of the Cancer Center nurse's progress notes, dated 12-20-13, and reviewed on 02-20-14 at 1:30 p.m., indicated the following: "Patient here from ECF [extended care facility] to have reevaluation and set up for radiation therapy. Patient with chest tube in place with soiled washcloth wrapped around tip and strong hissing noted on expiration."</p> <p>During an interview on 02-20-14 at 1:00 p.m., a Registered Nurse at the local area Cancer Center indicated the resident was scheduled for an appointment at 1:30 p.m., but did not arrive until almost 2:00 p.m. The</p>						

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	<p>nurse indicated it was noticed that the resident had a chest tube, the resident's shirt was wet with drainage from the tube and a soiled washcloth had been wrapped around the tube.</p> <p>A review of the Emergency Medical System report on 02-20-14 at 1:30 p.m., and dated 12-20-13 indicated "Dispatch 911 to location [Cancer Center] for difficulty breathing...Pt does have chest tube in right side with no bag attach <sic> wrapped up in towels...."</p> <p>The record lacked documentation the physician had been notified of the increased drainage from the resident's chest tube.</p> <p>After the resident was admitted to the hospital, a culture was taken of the pleural fluid. The result indicated the resident had MRSA (Methacillin Resistant Staphylococcus Aureus) in the pleural fluid.</p> <p>A review of the facility policy on 02-24-14 at 2:25 p.m., titled "Notifications," and dated 04-28-13 indicated the following:</p> <p>"Policy Staff informs the patient,</p>						

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F000328 SS=E	<p>consults with their attending physician, and notifies the patient's surrogates when a significant change occurs in the patient's physical, mental or psychosocial status."</p> <p>"Rationale: Patients, families and/or responsible parties have the right to be notified of changes in the patient's physical, mental or psychosocial status, treatment plan, room or roommate change and a change if the federal or state patient rights."</p> <p>This Federal tag relates to Complaint IN00144310.</p> <p>3.1-5(a) 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS 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, record review and interview the facility failed to ensure the respiratory needs of residents were met, in that when</p>	F000328	Resident A no longer resides at the facility. Residents J, D, E, and C had their oxygen tanks filled and the settings adjusted to the MD order. Residents J, F, E,	03/07/2014			

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	<p>residents had specific physician orders in regard to their respiratory needs, the nursing staff failed to ensure adequate oxygen was available when a resident was transported to an appointment, and failed to ensure oxygen settings were accurate for residents who required oxygen therapy for 2 of 3 sampled and 5 of 7 supplemental sampled residents. (Residents "A", "C", "J", "D", "F", "E" and "J").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 02-21-14 at 10:45 a.m. Diagnoses included, but were not limited to, malignant neoplasm, chronic obstructive pulmonary disease, pleurisy with effusion, a recent thoracotomy, and a chest tube. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 12-16-13. At the time of admission, the resident had physician orders for continuous oxygen at 4 liters per nasal cannula.</p> <p>A review of the facility "Transportation Request Form," dated 12-20-14 indicated the resident was to be transported to a local cancer center appointment.</p>		<p>and G have had the MD review and clarify their orders for oxygen settings. All residents using oxygen have the potential to be affected. Preventative maintenance records for oxygen equipment were reviewed without finding. An audit was completed of all residents on oxygen in the facility and that went out of the facility for any concerns with the oxygen supply being and adequate amount or any malfunction and there were no findings identified. All residents on oxygen have been audited to validate that the MD order is accurately transcribed to the MAR and the oxygen tank has the correct setting. The DNS/or designee completed a skills validation with all nursing staff for liquid oxygen tank fills. All Licensed Nurses have been educated on transcribing MD orders and following MD orders with emphasis on oxygen administration. All Licensed nurses have been in-serviced on the supply of oxygen per tank for any LOA. The DNS/or designee will complete rounds twice daily for 30 days to validate oxygen tanks are filled with oxygen, with the setting on the tank matching the MD order, and any resident going LOA will have sufficient quantity of tanks for the LOA. Then daily x 4 weeks and three times a week for 4 weeks. Then the RT will audit 5 tanks a month for 3 months to validate accurate</p>		

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	<p>Further review of the form indicated the "approx. [approximate]" time for the appointment was "4 hours." The form further indicated that although the appointment was scheduled for 1:30 p.m., on 12-20-14, the "pick up time" was noted at 12:45 p.m.</p> <p>A review of the Cancer Center nurse's progress notes, dated 12-20-13, and reviewed on 02-20-14 at 1:30 p.m., indicated the following: "Patient here from ECF [extended care facility] to have reevaluation and set up for radiation therapy. Patient with chest tube in place with soiled washcloth wrapped around tip and strong hissing noted on expiration. Breath sounds diminished on right. O2 [oxygen] tank empty, and SaO2 [oxygen saturation level] 89 %. Lethargic. Placed on O2 at 4 L/NC [4 liters per nasal cannula] and SaO2 now at 97 % and patient report feeling 'much better' with color from ashen to pale and respirations 20, unlabored and regular. Patient noted to be SOB [short of breath] when attempting to verbalize. Patient's respirations increased; appeared distressed. O2 increased to 6 L/NC - SaO2 in 70's pulse palpable at 35. Color ashen. 911 called P [pulse] now 114. IV [intravenous] started left AC</p>		<p>settings with the MD order and verify the tanks are filled with oxygen. All findings will be reported to the PI committee monthly and any problems identified will be addressed immediately. The PI committee will determine when 100% compliance has been achieved or if further monitoring needs to be required.</p>				

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	<p>[anticubital] with 22 angio. [angiocath]. 911 arrived and report given."</p> <p>A review of the Cancer Center physician progress note, dated 12-20-14, and reviewed on 02-20-14 at 1:30 p.m., indicated "Pt. [patient] came for simulation today, but [resident] still has a chest tube in place. O2 tank empty - O2 sat. [saturation] - 92 %, [resident] was placed on our O2 in the department."</p> <p>A review of the Emergency Medical System report on 02-20-14 at 1:30 p.m., and dated 12-20-13 indicated "Dispatch 911 to location for difficulty breathing...arrive <sic> onscene to find facility nursing staff attending to [resident] with lung cancer with short of breath <sic>. Pt came into facility for appt. [appointment] when staff noticed the shortness of breath with cyanosis in nail beds with SPO2 in the 80 %. Pt does have chest tube in right side with no bag attach <sic> wrapped up in towels. Pt had diminished breath sounds on right side as noted. Symptoms: Dizziness, fatigue, malaise, shortness of breath, orthopnea, painful breathing, dyspnea on exertion. HR [heart</p>						

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	<p>rate] 116, Respiratory rate 26, SPO2 84 % RA [room air], and blood pressure 84/60. Skin temperature: normal, color: cyanotic."</p> <p>A review of the hospital emergency department physician notation, dated 12-20-13 indicated, "Chief complaint, difficulty breathing. History of present illness, [resident] who has a history of lung cancer. [Resident] also has chest tube, status post partial lobectomy. Apparently while at the Cancer Center for radiation, she became very short of breath. She also has been having a lot of leaking around chest tube. Her sats were initially in the 80s. [Resident] was placed on oxygen and promptly came up into the high 90s and is feeling better."</p> <p>The resident was transported to the local area hospital emergency department. A review of the Hospital "Admission H & P [history and physical], dated 12-20-13 and reviewed on 02-20-14 at 2:15 p.m., indicated the following: "This is a [age noted] with history of COPD [chronic obstructive pulmonary disease, recently s/p [status post] "R" [right] thoracotomy on 12-04-13. Here today with a chief complaint of SOB. Pt. had</p>			

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	<p>appointment with RadOnc [Radiation/Oncology] today, per [family member] patient was sent with empty O2 tank and patient was hypoxic with cyanosis to hands."</p> <p>During an interview on 02-20-14 at 1:00 p.m., a Registered Nurse at the local area Cancer Center indicated the resident was scheduled for an appointment at 1:30 p.m., but did not arrive until almost 2:00 p.m. The nurse indicated it was noticed that the resident had a chest tube, her shirt was wet with drainage and a soiled washcloth had been wrapped around the tube. She further stated the resident was fairly cyanotic and the oxygen tank was empty, 911 was called and the resident was transported to the local area hospital in respiratory distress.</p> <p>During an interview on 02-24-14 at 9:15 a.m., licensed nurse #4 indicated she prepared the resident on 12-20-14 for the appointment at the Cancer Center. The licensed nurse indicated the resident was very anxious, and the transportation company was late to arrive at the facility. The nurse further indicated the resident's oxygen was attached to the wall unit and when the transportation person arrived, "there</p>			

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	<p>was already a portable oxygen tank in the room. I checked and the needle went over to part of the green and so I told the driver to use this one [in regard to the oxygen tank]." When interviewed if the tank was full or did she attempt to refill the tank, the nurse indicated she didn't know if it was full and did not attempt to refill the portable canister. When interviewed if an additional tank had been provided to the transportation person in the event the resident may need the oxygen while being transported or while at the appointment, the licensed nurse indicated, "no."</p> <p>2. During observations on 02-21-14 at 12:00 p.m., with Unit Managers # 3 and #4 in attendance the following was observed:</p> <p>Resident "J" - the oxygen tank was set at 2 liters per nasal cannula. The dial on the portable oxygen tank indicated the tank was empty as the needle was in the "red" zone. The unit manager nurse #3 confirmed the tank was empty of oxygen. A review of the current physician orders indicated the resident has "oxygen continuous via nasal prongs/mask at 2 liters continuous." The resident care record indicated</p>			

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	<p>incorrect information related to the resident's need for oxygen at "2 liters per nasal cannula as needed."</p> <p>Resident "D" - the resident was seated at the table in the dining area. The oxygen was strapped to the back of the wheelchair. The unit manager checked the oxygen level in the tank, and then indicated "it's empty."</p> <p>Resident "F" - the resident was seated at the table in the dining area. Unit Manager nurse #4 checked the setting for the amount of oxygen flow rate. The dial was "set" at 2 liters. A review of the nursing care record, the "setting" was noted to be at 3 liters. A review of a physician order, dated 02-19-14 instructed the nursing staff to set the oxygen at 2 liters per nasal cannula (at rest) and oxygen at 5 liters per nasal cannula (with exertion). The information on the resident care sheet did not reflect the most current physician order for the resident needs.</p> <p>Resident "E" - the resident was seated in a wheelchair in the dining area. The unit manager #4 indicated the resident's oxygen was set at 2 liters. In addition the unit</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>manager indicated the oxygen tank was empty. "it needs to be filled." A review of the resident care record indicated the resident's oxygen setting was "3 liters per nasal cannula." A review of the physician orders, dated 02-19-14 indicated the resident setting for oxygen flow was "4 liters per nasal cannula." The unit manager removed the oxygen tank and went to the oxygen storage room. The manager placed the tank onto the cylinder and waited for the tank to fill. The manager indicated the tank was "full when the sound changes." As the sound of the oxygen filling the tank changed, the unit manager indicated the tank was "full." When interviewed if it could be checked, the manager held the tank up by one strap and the needle on the dial moved to approximately half way across the green highlighted area on the dial. The manager indicated she thought it was full but had to place the tank back onto the cylinder to add additional oxygen to the portable tank.</p> <p>Resident "G" - the resident was observed walking with therapy staff in the hallway. Unit manager #3 indicated the resident's oxygen was set at a 6 liter flow rate. A review of</p>				

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	<p>the current physician order, dated 12-11-13 indicated the oxygen flow rate was 4 liters continuous. A review of the respiratory assessment, dated 02-21-14 also indicated the flow was 4 liters per nasal cannula. The resident care record indicated the "resident is on oxygen."</p> <p>Resident "C" - the resident was observed seated in a wheelchair in the television area of the unit. The portable oxygen tank indicated the tank was "empty" as the needle appeared in the "red zone." The unit manager checked the tank, by suspending it by the strap and indicated "it's empty."</p> <p>During an interview on 02-21-14 at 12:35 p.m., the Respiratory Therapist indicated the amount of oxygen shown on the dial is a "rough estimate, as the strap is on a spring scale. If the resident needs a high liter of flow, if over 4 liters an extra tank is usually sent with the resident to an appointment or we will send an e-cylinder tank."</p> <p>During an interview on 02-24-14 at 10:00 a.m., licensed nurse #10 indicated the oxygen tanks get filled at the beginning of the shift and that</p>				

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	<p>if a resident is on 2 liters the tanks will usually last 3 - 4 hours. She further indicated that the nurses and cna's (certified nurses aides) are trained to fill the tanks.</p> <p>During an interview on 02-24-14 at 2:00 p.m., the Director of Nurses indicated the facility did not have a specific policy related to resident's who require the use of oxygen while at an appointment.</p> <p>This Federal tag relates to Complaint IN00144310.</p> <p>3.1-47(a)(6)</p>			