

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155664	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/13/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB- EAGLE CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 SHORE DR INDIANAPOLIS, IN 46254
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00204214 and IN00204237.</p> <p>Complaint IN00204214 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00204237 - Substantiated. Federal/State deficiency related to the allegations is cited at F 329.</p> <p>Survey dates: July 11, 12, 13, 2016</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Census bed type: SNF/NF: 98 Total: 98</p> <p>Census payor type: Medicare: 17 Medicaid: 61 Other: 20 Total: 98</p> <p>Sample: 8</p> <p>This deficiency reflects state findings</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Kindred Transitional Care and Rehabilitation Eagle Creek that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of this facility. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in a economic and safe manner. The facility herby maintains it is in substantial compliance with the requirements of participation for licensed health care facility. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully request from the Department A desk review for paper compliance.</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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F 0329 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on July 15, 2016.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure documentation of blood thinning medication monitoring was being done for 2 of 3 residents reviewed for monitoring and documentation for the use of warfarin (blood thinner)</p>	F 0329	<p><b>Describe what the facility did to correct the deficient practice for each client cited in the deficiency.</b> Due to the nature of the survey resident 1 and 2 were not able to be identified.</p> <p><b>Describe how the facility reviewed all clients in the facility that could be affected</b></p>	07/14/2016

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	<p>(Residents E and G).</p> <p>Findings include:</p> <p>1. The record for Resident E was reviewed on 7/11/16 at 11:35 a.m.. Diagnoses included, but were not limited to, chronic atrial fibrillation (irregular heartbeat) and cerebrovascular accident.</p> <p>A physician's order, dated 6/14/16, indicated Resident E was to receive 5 milligrams (mg) of warfarin daily. Another order, dated 6/26/16 indicated an INR (blood test to determine clotting time) was to be done on Mondays and Thursdays.</p> <p>The Nursing Progress Notes for June, 2016, did not indicate any INR values.</p> <p>The June 2016 MAR (Medication Administration Record) did not indicate results of the INR blood test.</p> <p>2. The record for Resident G was reviewed on 7/11/16 at 3:35 p.m.. Diagnoses included, but were not limited to, heart failure and atrial fibrillation.</p> <p>A physician's order, dated 5/12/16, indicated Resident G was to receive warfarin 3 mg on Mondays and Fridays, and 4 mg on Sundays, Tuesdays,</p>		<p><b>by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected</b> All of records for residents who receive Coumadin therapy were reviewed to ensure all had INR results documented in their electronic medical record. <b>Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made.</b> Staff educated on documentation expectation of INR results and physician notification of the results. All residents who received Coumadin therapy have a Coumadin anticoagulation record in place. <b>Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b> All new residents will be reviewed upon admission to ensure anyone who admits to the facility on coumadin therapy has an order for INR testing in place done by the Director of Nursing or designee. Daily quality review check of the coumadin anticoagulation record for residents who receive coumadin therapy done by</p>	

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	<p>Wednesdays, Thursdays and Saturdays. Another order, dated 5/18/16, indicated an INR was to be done on Mondays and Thursdays.</p> <p>The Nursing Progress Notes for May and June, 2016, did not indicate any results of INRs.</p> <p>The May and June, 2016, MARs did not indicate INR results.</p> <p>During an interview on 7/11/16 at 3:50 p.m., with the DNS (Director of Nursing Services) and RN #1, both indicated they had been unaware that the nurses had been writing the results of the INRs on the Doctor's Notification Board, but not recording the results in the residents' records. They indicated after being noted by the physician and/or Nurse Practitioner they were being erased from the board, and there was no record of results available.</p> <p>A current facility policy, dated 6/23/10, titled "Coagucheck XS Meter" was provided by RN #1 on 7/11/16 at 2:00 p.m.. The policy indicated "...Documentation Guidelines 1. Document the resident results on designated form in the patient's medical record....3. Document resident responses in the patient's medical record. 4.</p>		<p>Director of Nursing or designee and random quality review audits conducted by the District Director of Clinical Operations. The results of these reviews will be discussed at the monthly quality assurance committee meeting monthly for 3 months and then quarterly thereafter once the compliance is at 100%. Frequency and duration of reviews will be increased as needed if compliance is below 100. Compliance date: 7/14/2016 The Administrator of Kindred Transitional Care and Rehabilitation Eagle Creek is responsible in ensuring compliance in this plan of correction. Creek is responsible in ensuring compliance in this plan of correction.</p>	

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	<p>Document notification of physician of adverse affects and/or abnormal results of test. Document new orders if applicable...."</p> <p>This federal tag relates to Complaint IN00204237.</p> <p>3.1-48(a)(3)</p>				