

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 01/21/2016
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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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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00189905.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00190615.</p> <p>Complaint IN00189905 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 13, 14, 15, 19, 20, and 21, 2015.</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census bed type: SNF/NF: 163 Total: 163</p> <p>Census Payor type: Medicare: 33 Medicaid: 105 Other: 25 Total: 163</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Dear Ms Rhoades; Survey Event ID 48NK11 Attached you will find the completed Plan of Correction for our Recertification and Licensure Survey for 1/21/2016. We request that our plan of correction be considered for a paper compliance desk review. Should you have any questions please contact me. Respectfully Steven Tanner E.D.</p>	
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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 0278 SS=D Bldg. 00	<p>Q.R. completed by 14466 on January 28, 2016.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a</p>			

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	<p>material and false statement.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accuracy of the admission Minimum Data Set (MDS) assessment for 2 of 24 residents reviewed for accuracy of their MDS. (Resident #26, Resident #13)</p> <p>Findings include:</p> <p>1.) Resident #26's clinical record was reviewed on 01/20/2016 at 11:35 a.m. Diagnoses included but were not limited to: neurogenic bladder, wounds and anemia.</p> <p>The admission Minimum Data Set (MDS) assessment dated 11/8/15, indicated Resident #26 had no dental or oral problems.</p> <p>The modified MDS dated 11/8/15, which was modified on 1/20/16, indicated Resident #26 had "Mouth or facial pain, discomfort or difficulty with chewing." The care area for dental had triggered.</p> <p>Care plan "Biting/Chewing [Masticatory] Difficulty r/t [related to] partial endentulism [no teeth]" dated 11/3/15 through 1/16/16, indicated Resident will be able to consume foods of the texture ..."</p>			F 0278	<p>1. Resident #26 had a modified MDS accepted on 1/20/2016 to reflect the resident had Mouth or facial pain, discomfort or difficulty with chewing. Resident #13 had a modification submitted on 1/21/2016 to reflect the resident had Mouth or facial pain, discomfort or difficulty with chewing. The MDS coordinator is auditing all MDS Oral/Dental status coding for accuracy and completeness.</p> <p>2. All residents have the potential to be affected. An audit of all MDS Oral/Dental coding for accuracy has been completed.</p> <p>3. Education has been completed with the MDS Coordinators on accurate MDS coding.</p> <p>4. The DDCM/Designee will validate the accuracy of the Oral/Dental coding on the MDS before submission on all residents for 3 months. All findings will be reported in monthly PI meeting and the PI committee will determine when 100% compliance is achieved with the accuracy of the MDS coding or if further monitoring needs to be implemented.</p>		02/12/2016

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	<p>On 01/20/2016 1:50 p.m., Minimum Data Set (MDS) Coordinator #1 for the 200 hall indicated, she would interview staff and review nurse assessments to get the information for the MDS assessment.</p> <p>The MDS coordinator indicated only the questions on the MDS are assessed with the resident. "When they [residents] are admitted with end of life care I usually get the information from the nursing assessment." MDS #1 indicated she did not speak with Resident #26 about chewing or eating difficulties. The MDS coordinator indicated modification needs to be completed on the admission MDS.</p> <p>2.) On 1/15/16 at 10:49 a.m., Resident #13 was observed to be edentulous (without teeth).</p> <p>On 1/19/16 Resident #13's clinical record was reviewed.</p> <p>Resident #13's Minimum Data Set (MDS) assessment, dated 6/30/15, indicated, ".... Oral/Dental Status ... None of the above were present ..."</p> <p>Resident #13's Patient Nursing Evaluation Part 3, dated 11/20/15, indicated, ".... Oral mucosa moist, pink, without lesions or ulcerations, good oral hygiene ..." The nursing assessment lacked documentation of the resident missing teeth.</p>			

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F 0314 SS=D Bldg. 00	<p>On 1/21/16 at 11:37 a.m., MDS coordinator indicated Resident #13's MDS was coded inaccurately and sometimes the computer changes her answers. She further indicated she would correct the MDS to reflect the nursing assessment.</p> <p>3.1-31(d)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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 ensure a resident with a Stage IV pressure ulcer to the bilateral buttocks was turned and/or repositioned every two hours as indicated by the resident's care plan and the facility policy for 1 of 4 residents reviewed for pressure ulcers. (Resident</p>	F 0314	<p>1. Resident #261 has not had any new areas of impaired skin integrity. Resident #261 care plan has been updated to rotate hisbed Q 2 hours to the left and resident #261 lays on his left side and then rotate to the center of the room and he lays on his right side. Resident has been provided education on the importance of turning and</p>	02/12/2016

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	<p>#261).</p> <p>Findings include:</p> <p>On 1/19/2016 at 9:44 a.m., Resident #261 was observed to be laying in bed on his right side. The Occupational Therapist was in the room working with Resident #261 at the time.</p> <p>On 1/19/2016 at 12:00 p.m., with Unit Manager #1 (UM) present, Resident #261's wound was observed. The resident was observed to be laying on his right side in the bed with a pillow against his back to keep him in place.</p> <p>On 1/19/2016 at 2:31 p.m., Resident #261 was observed to be watching television (tv) in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/19/2016 at 3:32 p.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/20/2016 at 9:42 a.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p>		<p>repositioning and the licensed nurse will provide every 2 hour oversight for turning and repositioning. MD and family have been notified of plan of care.</p> <p>2. All residents dependent on staff for assistance with turning and repositioning have the potential to be affected. All residents have a Braden assessment updated to identify residents at risk for developing pressure ulcers. The Interdisciplinary team will create interventions to prevent or reduce the risk of acquiring pressure and/or non-pressure related wounds or skin issues.</p> <p>3. The Interdisciplinary team and all of nursing staff have been educated on Prevention and Treatment of Pressure Ulcers and non-pressure related wounds with emphasis on Positioning a Patient with or without Pressure Ulcers.</p> <p>4. The DNS/Designee will complete rounds every 2 hours 7 days a week for 2 weeks to validate residents with pressure ulcers and residents at high risk for pressure ulcers have interventions implemented related to prevention of pressure ulcers and/or non-pressure related wound or skin issues. Then rounds Q 4 hours for 2 weeks then twice a day for eight weeks. All rounds will be completed seven days a week. After the sixteen weeks is complete the IDT will continue to make</p>				

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	<p>On 1/20/2016 at 11:30 a.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/20/2016 at 1:15 p.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/20/2016 at 3:20 p.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/21/2016 at 9:34 a.m., Resident #261 was observed to be watching tv in bed and laying on his right side with a pillow against his back to keep him in place.</p> <p>On 1/19/2016 at 2:30 p.m., during an interview with UM #1, she indicated the facility does not use turn and reposition sheets to keep track of when Resident #261 was last turned. They just know to turn Resident #261 every 2 hours.</p> <p>On 1/19/2016 at 3:44 p.m., during an interview with Certified Nursing Assistant #1 (CNA), she indicated, she attempted to turn and reposition Resident</p>		<p>dailyrounds related to prevention of pressure ulcers. All findings will be reported to the PI committee monthly and the PI committee will determine when 100% compliance is achieved and if further monitoring needs to be implemented.</p>		

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	<p>#261 when she came on shift at 2 p.m. but, Resident #261 refused at that time due to pain in his legs.</p> <p>On 1/19/2016 at 3:49 p.m., during an interview with Registered Nurse #1 (RN), he indicated it is pretty common for Resident #261 not to be turned. He prefers to lay on his right side because his tv is on that side and he often times has pain in his legs but, he is able to pull himself up in the bed and reposition.</p> <p>On 1/19/2016 at 3:58 p.m., during an interview with the Director of Nursing (DON) she indicated, the facility encourages Resident #261 to turn and reposition every two hours but, Resident #261 prefers to lay on his right side. She will look at his care plan and see what interventions the facility can put into place.</p> <p>On 1/21/2015 at 2:28 p.m., during an interview with Occupational Therapist #1 (OT), she indicated Resident #261 cannot pull himself or turn himself in the bed.</p> <p>Resident #261's clinical record was reviewed on 1/19/2016 at 10:00 a.m. Diagnosis included, but were not limited to: pressure ulcer, Type II diabetes mellitus and dementia.</p>			

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	<p>The clinical record lacked documentation which indicated Resident #261 had been turned and repositioned every 2 hours.</p> <p>The quarterly Minimum Data Set (MDS) dated 11/17/2015 indicated a Brief Interview Mental Status (BIMS) score should not be completed due to Resident #261 as being rarely/never understood and assessed Resident #261 as being at risk of developing a pressure ulcer ... as being total dependence with two person assist for bed mobility ... and behavior not exhibited related to rejection of care.</p> <p>Review of "Weekly Pressure Ulcer BWAT [Bates-Jensen Wound Assessment Tool] Report" dated 1/21/2016, indicated Resident #261 to have a Stage IV pressure ulcer to the bilateral buttocks measuring 3.5 centimeters (cm) length x 6 cm width x .1 cm depth.</p> <p>Physicians order dated 1/19/2016 indicated, "Nurse to verify res [resident] T+R[turn and reposition] q [every] 2 hours Provide education for res refusals every 2 hours for T+R [sic]."</p> <p>A care plan initiated on 8/26/15, with a current target date of 2/22/2016, indicated: "FOCUS: Resident #261 [resident name] has acute pain potential</p>			

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F 0371 SS=E	<p>r/t [related to] gangrene hx [history] and Stage II and unstageable wound upon admission. INTERVENTIONS/TASKS: assist with turning and repositioning q2h [every 2 hours] and prn [as needed] ... FOCUS: Resident #261 [resident name] has potential impairment to skin integrity r/t impaired mobility, vascular impairment, dx [diagnosis] of DM [diabetes mellitus, HTN [hypertension], hypothyroidism ... GOAL: staff will have interventions in place to prevent altered skin integrity ... INTERVENTIONS/TASK: turning and repositioning assistance as needed ..."</p> <p>On 1/21/2016 at 3:02 p.m., the DON provided the facility policy "Prevention and Treatment of Pressure Ulcers and Non-Pressure Related Wounds" dated 5/28/2015, and indicated the policy was the one currently being used by the facility. The policy indicated, ..."1) Reduce pressure, friction & shear such as turning and repositioning determined per patient's risk level ..."</p> <p>3.1-40(a)(2)</p> <p>483.35(i) FOOD PROCURE,</p>				

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Bldg. 00	<p>STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure outdated food was discarded from 1 of 1 walk in refrigerator and 1 of 1 reach in refrigerator, proper dating of foods in the dry storage room, proper infection control and proper storage of personal items were followed in the kitchen by facility staff as indicated by facility policy and Retail Food Establishment Sanitation Requirements Manual and Center for Disease Control for 147 of 163 residents being served out of the kitchen.</p> <p>Findings include:</p> <p>1). On 1/13/16 at 10:15 a.m. the following was observed in the reach in refrigerator:</p> <p>A 1/2 gallon of buttermilk with an expiration date of 1/12/16. Dietary Aide #1 indicated the buttermilk was expired. "I guess I need to pitch that.[buttermilk]."</p> <p>2). The following was observed in the walk in refrigerator on the shelf:</p>	F 0371	<p>1. The 147 residents were not harmed.</p> <p>2. The expired buttermilk was thrown away, all of the seasonings and salts were thrown away. The employee's jacket was removed from the kitchen. The FDA Food Code as well as the Retail Food Establishment Sanitation Requirements Manual is utilized at the corporate office to develop policies and procedures that are followed by food service personnel in all Kindred facilities. These documents are listed as references on the appropriate policies and procedures</p> <p>3. All Culinary employees are completing education and in-servicing on Food Storage Guidelines, Hand Hygiene/Hand washing and Personal Hygiene and Handling Food with emphasis on discarding expired products, dating seasonings and spices and when to wash hands.</p> <p>4. The General Manager of Culinary and Hospitality Services will complete a weekly inspection of the walk-in to ensure that expired dairy products have been discarded. The Registered Dietitian will check expiration dates of the dairy products in the walk-in during monthly kitchen</p>	02/12/2016

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	<p>A 1/2 gallon of buttermilk with an expiration date of 1/12/16. The Dietary Manager (DM) was observed to remove the buttermilk from the walk in refrigerator and discard.</p> <p>3). On 1/13/16 at 10:15 a.m. the following was observed in the dry storage room:</p> <p>A plastic container of poultry seasoning was observed to have no open date. The delivery date was 4/22/15, and had an expiration date of 4/22/15.</p> <p>A plastic container of rubbed sage had no open date. The delivery date was 11/19 and no year. Expiration date of 1/19/14.</p> <p>A plastic container of season salt had no open, delivery nor expiration date.</p> <p>A plastic container of garlic salt had no open, delivery, nor expiration date.</p> <p>The Dietary Manager (DM) indicated spices are good for 1 year after opened. The DM was observed to apply a date label on the garlic salt.</p> <p>4). On 1/13/15 at 10:05 a.m., observed a black jacket lying on a large floor bin which had sugar and flour inside. The Dietary Manager (DM) was observed at</p>		<p>inspections. The General Manager of Culinary and Hospitality Services will complete a weekly inspection of the storeroom to ensure that food is dated appropriately and discarded as needed. The Registered Dietitian will check for appropriate dates of the food in the storeroom during monthly kitchen inspections. The Registered Dietician will continue monthly Kitchen inspections. The General Manager of Culinary and Hospitality Services will make daily rounds to ensure staff do not bring personal items into the kitchen. All findings will be reported in the monthly PI meeting and the PI committee will determine when 100% compliance is achieved and if further monitoring is required.</p>	

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	<p>that time to remove the jacket. "Oh that shouldn't be there." The DM was observed to hang the jacket on the door knob in dry storage room. The DM indicated the jacket was placed in the room by dietary staff who was waiting for the delivery truck.</p> <p>5). On 01/20/2016 at 9:55 a.m., Cook #1 was observed to remove a stringy piece of meat from the altered meat, walk over and lift the lid off the trash can. No handwashing was observed. Cook #1 walked over to the prep area and continued to place the pureed pork in a pan. Cook #1 indicated she should have handwashed after touching the trash lid.</p> <p>6). On 1/20/16 at 10:15 a.m., interview with the Dietary Manager (DM) and Cook #1, indicated no knowledge of the Retail Food Establishment Sanitation Requirements Manual 410 IAC 7-24. The DM indicated they [facility] were not retail so they would not have that manual. The Dietician indicated per corporate they do not have the manual in the facilities because the facilities policies are made from the manual.</p> <p>There was no Retail Food Establishment Sanitation Requirements Manual provided by the facility.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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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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	<p>On 1/22/16 at 11:24 a.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IC 7-24," dated November 13, 2004, indicated, "...410 IC 16.2-3.1-21 Food, ...</p> <p>(2) Comply with 410 IC 7-24.</p> <p>(3) Store, prepare, distribute, and serve food under sanitary conditions.</p> <p>On 1/22/16 at 11:24 a.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24," dated November 13, 2004, indicated, "... When to wash hands</p> <p>(a) Food employees shall clean their hands and exposed portions of their arms as specified ...immediately before engaging in food preparation. ...and the following... (6) After handling soiled surfaces, equipment, or utensils ...after engaging in other activities that contaminate the hands."</p> <p>On 1/22/16 at 11:24 a.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IC 7-24," dated November 13, 2004, indicated, " 410 IAC 7-24-417 Designation of dressing areas or lockers Sec. 417. ...(b) Lockers or other suitable facilities shall be provided and used for the orderly storage of employees ' clothing and other possessions. ..."</p>			

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	<p>On 1/22/16 at 11:36 a.m., review of Center for Disease Control at www.cdc.gov/handwashing/, dated December 16, 2013 indicated, " When should you wash your hands? ...After touching garbage, ..."</p> <p>On 1/21/16 at 3:30 p.m., the Corporate Nurse provided policy, "Food Storage Guide" dated 10/31/10, and indicated the policy was the one currently used by the facility. The policy indicated, "...4. Discard foods that have exceeded their expiration or use-by-date. ...Spices/herbs ...2 years to 3 years."</p> <p>On 1/21/16 at 3:36 p.m., the Corporate Nurse provided policy, "Personal Hygiene and Handling Food" dated 2/28/14, and indicated the policy was the one currently used by the facility. The policy indicated, "...13. e. Personal items should be stored in a designated area away."</p> <p>On 1/21/16 at 3:36 p.m., the Corporate Nurse provided policy, "Food and Supply Storage" dated 8/31/12, and indicated the policy was the one currently used by the facility. The policy indicated, "...Labeling and rotating food supply a. ...the product should be labeled as to its ...used by dates. ...b. a. A product's used by date or delivery date is marked on the</p>			

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	<p>product. ..."</p> <p>On 1/21/16 at 3:36 p.m., the Corporate Nurse provided policy, "Hand Hygiene/Handwashing", dated 8/31/11, and indicated the policy was the one currently used by the facility. The policy indicated, "...After touching contaminate items, ..."</p> <p>3.1-21 (i)(2) 3.1-21 (i)(3)</p>			