

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 05/23/2012
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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 Complaint IN00108540, IN00108423, IN00108356, and IN00108294.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00106972. This visit resulted in an extended survey-substandard quality of care.</p> <p>Complaint IN00108294 Substantiated, Federal/state deficiencies related to the allegation(s) are cited at F309.</p> <p>Complaint IN00108423- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00108356- Substantiated, Federal/state deficiencies related to the allegations(s) are cited at F327 and F514.</p> <p>Complaint #IN00108540- Substantiated. No deficiencies cited.</p> <p>Survey dates: May 14, 15, 16, 17, 18, 20, 21, and 22, 2012</p>	F0000		

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>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Survey team: Karina Gates, BHS TC Courtney Mujic, RN Beth Walsh, RN (May 14, 15, 16, 17, 18, 21, and 22, 2012 only) Barb Hugh, RN (May 14, 15, 16, 17, 18, 21, and 22, 2012 only)</p> <p>Census bed type: SNF/NF: 142 Total: 142</p> <p>Census payor type: Medicare: 44 Medicaid: 70 Other: 28 Total: 142</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 4, 2012 by Bev Faulkner, RN</p>				

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review, the facility failed to identify a skin condition for 1 of 3 residents reviewed who met the criteria for skin conditions. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5/17/12 at 9:30 a.m.</p> <p>The diagnoses for Resident C included, but were not limited to: hypertension, hip fracture, Parkinson's disease, and anxiety.</p> <p>An observation of Resident C's upper left arm was made with CNA #10 on 5/17/12 at 10:30 a.m. An area, about the size of a 50 cent coin covered with white and scaly skin that looked like a healing wound, recently scabbed was observed on the upper left arm, about 6 inches above the elbow area. Also observed was an</p>	F0309	<p>A. Area on resident C's arm scabbed area and bruising was investigated and reported to the ISDOH. Family is aware that residents aggression towards family and staff can cause these areas. It is unknown how he got the scabbed area or the bruise on his arm. Skin assessment was completed for resident and no other areas were found. Nursing staff were re-educated on assessing residents skin after procedures are completed outside of the facility.B. Skin assessments were completed for all residents having the potential for skin breakdown. Weekly skin checks are completed and on all residents going out for procedures has the potential for skin issues and are to be assessed upon return if any new areas are identified they are measured, documented, physician notified, and responsible party notified. The information is entered into the PCC system and is reviewed during morning clinical meetings.C. Nursing staff were re-inserviced on completion of the</p>	06/20/2012

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	<p>area across the entire inner left elbow, that appeared to be an older bruise that was a dark fading purplish color.</p> <p>A review of the 5/4/12 skin assessment did not indicate the above described area on the upper left arm. The 5/11/12 skin assessment did indicate the area on the upper left arm as a "scab area with bruising".</p> <p>During an interview with Family Member #11 on 5/17/12 at 11:00 a.m., she indicated the facility was not aware of this area on the upper left arm until their family told staff about it.</p> <p>During an interview with the ADON (Assistant Director of Nursing) on 5/17/12 at 2:00 p.m., she indicated the facility was not aware of the area until the family pointed it out to staff on 5/9/12. She indicated the round, scabbed area looked at least 4 or 5 days old when she saw it on 5/10/12. She indicated the entire area on the upper left arm could have been present on 5/4/12 and missed on the 5/4/12 skin assessment.</p> <p>A review of the shower log for Resident C indicated the resident had a full shower on 5/7/12. During</p>		<p>weekly skin assessments and re-educated that upon return of any procedures done outside of the facility will be done on their return. They were also re-educated on the reporting of any new bruises, skin tears or open areas to the nurse and the information will be put into the PCC and required interventions and notifications completed. Weekly skin assessments are completed and entered into the PCC system. PCC system is reviewed in morning clinical meetings and will red flag if a skin assessment is missed. Any missing information regarding skin assessments would be corrected immediately by having skin assessment done and any changes noted. D. Skin assessments will be reviewed in morning clinical meetings. All new areas are reviewed in clinical meeting and high risk residents are identified for further investigation or recommendations and audit of weekly skin assessments will be reviewed daily by the Unit Manager, DON or designee. Any weekly assessments that were missed will be immediately followed up on. Skin assessments will be reviewed and reviewed Monday through Friday by the clinical team in morning meetings weekly for . Skin assessment results will be reviewed at PI meetings on a monthly basis for three months.</p>				

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	<p>interview with the ADON on 5/17/12 at 2:00, she indicated CNA #12 gave this shower.</p> <p>During interview with CNA #12 on 5/21/12 at 7:22 p.m., she indicated she did not notice the area on Resident C's upper arm during the shower on 5/7/12, but did notice the area after the shower and described it as an old marking, maybe a scar or bruise across the arm. She indicated he had a scar in the area where the bruise was, about the size of a quarter and was scabbed around the edges. She indicated she pointed this area out to the nurse on duty as she happened to come in the room at the time she was getting him dressed. She indicated the nurse told her she was familiar with the scabbed area. She indicated she was a new employee and did not know the nurse's name.</p> <p>During an interview on 5/22/12 at 10:30 a.m., with the ADON, RN #13, LPN #14, and LPN #15 and with CNA #12 on speaker phone, CNA #12 indicated she was unsure of the exact date she pointed Resident C's area out to the nurse on duty and was still unsure of who the nurse was.</p> <p>This Federal tag relates to Complaint</p>						

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	#IN00108294. 3.1-37(a)				

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F0327 SS=G	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on interview and record review, the facility failed to ensure adequate hydration needs were met for 1 of 2 residents reviewed for hydration, resulting in a primary diagnosis of dehydration during a hospital stay in the sample of 7. (Resident A).</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 5/17/12 at 2:00 p.m.</p> <p>The diagnoses for Resident A included, but are not limited to: dementia, urosepsis, delirium, benign prostatic hyperplasia, and urinary retention.</p> <p>Resident A was admitted to the facility on 3/22/12 and a Patient Nursing Evaluation was completed the same day. The Patient Nursing Evaluation indicated, in the dehydration screening section, that the resident was dependent on others for fluids.</p> <p>In an interview with the ADoN</p>	F0327	<p>A. Resident A. is no longer in the facility B. Residents dependent on nursing to provide fluids have the potential for dehydration. An audit was done on dependent residents that rely on others for fluids to be completed and care plans and aide assignment sheets to be updated. Fluids given with med pass will be documented every shift to ensure extra fluids are to be given along with meal consumption. C. The SDC will re-educate nursing staff on monitoring residents who are dependent on others to provide fluids. D. The Unit Managers or designee will audit dependent residents for appropriate hydration by auditing the MAR's, food consumption log and reviewing the hydration risk assessment upon admission. The data will be reviewed and analyzed in clinical meeting with nursing and the dietician for further interventions to prevent dehydration. The audits will be done daily for four weeks then 2 times weekly for four weeks and then monthly for 3 months. The audits are to be reviewed in PI monthly and then quarterly with a subsequent plan of action developed and implemented as indicated.</p>	06/20/2012			

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	<p>(Assistant Director of Nursing), on 5/21/12 at 1:40 p.m., she indicated that the Patient Nursing Evaluation is done upon admission to the facility. The ADoN also indicated that an Interim Plan of Care is done after the Patient Nursing Evaluation is completed.</p> <p>On an Interim Plan of Care, dated 3/23/12, there was no indication that Resident A was dependent on others for fluids.</p> <p>The ADoN indicated, on 5/21/12 at 1:45 p.m., there should have been an indication that Resident A was dependent on others for fluids, on the Interim Plan of Care.</p> <p>In an interview with RN #16, 5/21/12 at 2:30 p.m., she indicated that if a resident is dependent on others for fluids, that information should be placed in the section titled fluids.</p> <p>A review of the Admission MDS (Minimum Data Set), dated 3/29/12, for Resident A, indicated that dehydration/fluid maintenance triggered as a care area for the resident. Care Areas are triggered by MDS item responses and indicate the need for additional assessment based on problem identification.</p>				

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	<p>On 5/22/12 at 9:00 a.m., the MDS Coordinator indicated that facilities have 14 days to complete care plans after the admission MDS is completed. He indicated that a dehydration care plan was completed for Resident A, after he was discharged to the hospital.</p> <p>A Medical Nutrition Therapy Assessment, dated 4/3/12, was completed by the Registered Dietician. The Assessment indicated that the estimated fluid needs for Resident A were 1680-2100 ml (milliliters), based on 20-25 ml/kg (kilogram).</p> <p>On 5/21/12 at 2:35 p.m., RN #16 indicated that if a resident is dependent on others for fluids that information is passed on to the rest of the staff, working on the unit, the same day as the Patient Nursing Evaluation is completed. RN #16 also indicated that if staff is off the day the Patient Nursing Evaluation is completed or has not worked on the unit since the Patient Nursing Evaluation, staff are told when they work next if a new resident is dependent on others for fluids. RN #16 also indicated that fluids that are given throughout the day are</p>						

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	<p>documented on the Comprehensive Intake-Output Record, when staff tells nursing how much was given throughout the shift. She also indicated its an expectation for staff to tell nursing when fluids are given, so the amount can be documented.</p> <p>The DoN (Director of Nursing) and ADoN indicated, on 5/21/12 at 1:45 p.m., that it's the expectation of staff to assist residents throughout their shift with fluids.</p> <p>On 5/22/12 at 11:25 a.m., LPN #1 indicated that all staff are expected to tell nursing how much fluids were given throughout the shift and then nursing is to document how many milliliters were given on the Comprehensive Intake-Output Record.</p> <p>A review of the Comprehensive Intake-Output Record indicated that the resident received less than the estimated fluid needs on the following dates until the Resident A's hospitalization, on 4/5/12: 3/24/12=intake of 180 ml 3/25/12=intake of 360 ml 3/26/12=intake of 420 ml 3/27/12=intake of 420 ml 3/28/12=intake of 180 ml 3/29/12=intake of 600 ml</p>						

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	<p>3/30/12=intake of 720 ml 3/31/12=intake of 300 ml 4/1/12=intake of 300 ml 4/2/12=no ml indicated 4/3/12=intake of 540 ml 4/4/12=intake of 300 ml 4/5/12=intake of 300 ml</p> <p>On 5/21/12 at 1:45 p.m., more information was requested on the amount of fluids Resident A received while in the facility.</p> <p>On an Emergency Room Report, dated 4/5/12, it indicated that Resident A's primary diagnosis was dehydration.</p> <p>The HPI (history of present illness) from the ER, was on a progress note from the hospital, dated 4/6/12 at 3:00 a.m. It indicated that, "Asking patient questions with 'yes' and 'no' as possible answers I am able to determine that he is not hurting anywhere,he is not SOB (short of breath), has no CP (chest pain), N/V (nausea/vomiting), but that he is indeed very thirsty." The GI (gastrointestinal) section of the HPI also indicated that the resident was thirsty. The HPI also indicated hydration was started immediately.</p> <p>A dictated note, dated 4/8/12, from</p>						

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	<p>Resident A's admission to the hospital, indicated the resident was admitted with a sodium level of 162 and had hypernatremia. D5 half-normal saline (an intravenous fluid) at 130 ml (milliliters) per hour was ordered as treatment. After 4 hours, labs were redrawn and there was no improvement of the sodium level. D5W (an intravenous fluid) at 136 ml per hour was ordered. The rate of infusion was based on the water deficit formula, as indicated by the dictated note.</p> <p>On a progress note, dated 4/7/12 at 2:17 p.m., it indicated that hypernatremia was secondary to dehydration and to continue IVF (intravenous fluids).</p> <p>The Transfer/Referral Form for Resident A's return back to the facility, from Resident A's stay, dated 4/11/12, indicated the primary diagnosis, for the hospital stay starting 4/5/11, was dehydration.</p> <p>On 5/21/12 at 2:15 p.m., the ADoN indicated that Resident A was dehydrated and that the "system," to ensure hydration needs were met, was broken.</p> <p>Upon exit on 5/22/12 at 4:30 p.m., no</p>				

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	<p>more information was provided on the amount of fluids Resident A received while in the facility.</p> <p>This Federal tag relates to Compliant #IN00108356.</p> <p>3.1-46(b)</p>						

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure accurate documentation was maintained and recorded for 2 of 3 residents reviewed for accurate catheter care documentation (Resident B and A).</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/17/12 at 2:00 p.m.</p> <p>The diagnoses for Resident B include, but are not limited to: hypertension, diabetes, and morbid obesity.</p> <p>A review of the February, March, and April 2012 Physician Orders indicated that catheter care is to be provided</p>	F0514	<p>A. Resident B and A are no longer in the facility.B. Residents having a foley cateter have the potential to be affected. An audit was completed on residents with foley catheter to assure orders for foley care every shift for complete and accurate records.C. The Staff Development Cordinatorwill re-educate all nurses for accurate documentation to be maintained and documented for foley care every shift.Fluid intake will be audited and documentation reviewed daily.D. The DNS or designee will audit the clinical records for all residents having cathetersto assure accurate documentation daily for 4 weeks, then 2 times a weeks and then mothly for 3 months. The audits will be reviewed weekly in clinical meeting then forwarded to the ED as they are comnplete. The audits will be reviewed and analyzed nonthly for 3 months</p>	06/20/2012			

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 05/23/2012
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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	<p>every shift.</p> <p>On the February, March, and April Treatment Records, there were blank spaces on the treatment record which would indicate that catheter care was not provided as ordered, on the following dates and shifts: 2/26/12-evening shift, 2/28/12-evening shift, 2/29-day shift, 3/26/12-evening shift, 3/31/12-day and evening shift, 4/27/12-evening shift, 4/28-evening shift, and 4/29/12-day and evening shift.</p> <p>Information was requested, on 5/17/12 at 2:25 p.m., to determine if catheter care was completed on the above dates and shifts.</p> <p>The ADON indicated on 5/18/12 at 10:00 a.m., that she was unable to provide any information or documentation that catheter care was provided, as ordered, on the dates listed above.</p> <p>2. The clinical record for Resident A was reviewed on 5/17/12 at 2:00 p.m.</p> <p>The diagnoses for Resident A included, but are not limited to: dehydration, benign prostatic</p>		and then quarterly at the PI meeting (QA) for 3 months and then quarterly at the PI meeting until full compliance is obtained.		

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	<p>hyperplasia, and urinary retention.</p> <p>A review of the April 2012 Physician's Orders, indicated that catheter care is to be provided every shift.</p> <p>On the treatment record for April 2012, there were blank spaces on the treatment record which would indicate that catheter care was not provided as ordered, on the following dates and shifts: 4/13/12-day, evening, and night shift, 4/14/12-day and night shift, 4/15/12-day and night shift, 4/16/12-day and night shift, 4/17/12-day, evening, and night shift, 4/18/12-day and night shift, 4/19-day and night shift, 4/20/12-day and night shift, 4/21/12-day, evening, and night shift, 4/22/12-day, evening, and night shift, 4/23/12-day, evening, and night shift, 4/24/12-day and night shift, 4/25/12-day and night shift, 4/26/12-day and night shift, 4/27/12-day, evening, and night shift, and 4/30/12-day shift.</p> <p>On 5/21/12 at 4:45 p.m., information was requested for missing catheter care documentation to determine if catheter care was provided as ordered.</p>				

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	<p>The DoN (Director of Nursing) indicated on 5/21/12 at 11:00 a.m., that nursing is expected to follow physician's orders as written.</p> <p>As of exit from the facility on 5/22/12 at 4:30 p.m., the facility was not able to provide any information that catheter care was provided on the above dates and shifts, as ordered.</p> <p>This federal tag is related to complaint #IN00108356</p> <p>3.1-50(a)(1)(2)</p>				