

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN46250
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F0000	<p>This visit was for the Investigation of Complaint IN00097927, Complaint IN00097950, and Complaint IN00098919.</p> <p>Complaint IN00097927 - Substantiated. Federal/state deficiencies related to the allegation are cited at F163.</p> <p>Complaint IN00097950 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00098919 - Substantiated. Federal/state deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: November 7, 9, & 10, 2011</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 21 Medicaid: 72 Other: 19 Total: 112</p>	F0000	F0000The creation and submission of this Plan of Correctin does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of correction be considered the Credible Allegation of Compliance.	

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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F0163 SS=B	<p>Sample: 22</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 11/15/11 by Suzanne Williams, RN</p> <p>The resident has the right to choose a personal attending physician.</p> <p>Based on interview and record review, the facility failed to ensure residents were given the right to choose a personal attending physician for 16 of 18 residents reviewed for resident rights in a sample of 22. [Residents #C, #D, #E, #G, #I, #J, #K, #L, #M, #N, #O, #P, #Q, #R, #S, #T]</p> <p>Findings include:</p> <p>Review of the Resident Rights, received from the Administrator on 11/07/11 at 12:15 p.m., indicated, "The Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Center. A Center must protect and promote the rights of each Resident, including each of the following rights: (a) Exercise of rights. ... (b) Notice of rights and services. ... (c) Protection of Resident Funds. ... (d) Free choice. The resident has the right to (1</p>	F0163	F 0163It is the practice of this facility to ensure that all Resident Rights are fully able to be executed by the resident and that the facility fully supports the resident's right to exercise them to the fully extent possible. It is the position of the facility to offer every resident their choice of attending physician upon admission, or at any point during their stay. Residents are told that their private attending physician is welcome to follow them during their stay with us, provided they meet the requirements of the regulation in so doing. They are also told that if their attending physician is not able to follow them here that our Medical Director/ practice will be happy to provide care for them, and further, will do so if their attending is not available. 1. Corrective Action: Residents #C, D, E, G, I, J, K, L, M, N, O, P, Q, R, S, and T were assigned to Physician #2 upon admission as he was	12/02/2011	

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	<p>Choose a personal attending physician; (2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the Resident's well-being; and (3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment...."</p> <p>Interview with the Administrator on 11/07/11 at 3:25 p.m. indicated Physician #2 was terminated due to the physician would not answer his calls, the nurse had to call the Medical Director to get any orders, and he left a script pad in the mail room with an ink stamp that was never found. The Administrator indicated Social Services called all families involved.</p> <p>Review of a typed statement by the Administrator, on 11/07/11 at 3:45 p.m., indicated, "On August 23, 2011, I terminated the physician services of _____[name of physician]. I did so after receiving a number of complaints from the nursing staff about his being 'unavailable,' would not 'return calls' or 'see patients' in a 'timely fashion.' Earlier that day, I received a phone call from _____ [name of nurse practitioner], NP [Nurse Practitioner]... that his staff on call</p>		<p>accepting patients in the facility. The personal attending physician's of these residents were not able/willing to follow them while patients in the facility. Upon the termination of Physician #2 services, for which Executive Director believed to be just cause and in the best interest of the residents, each resident was reassigned to the Medical Director's practice, at least until such time as the resident and/or responsible party could choose another attending physician. At no time were residents/responsible party told they could not choose an alternative physician, but many personal attending physicians are not willing/able to follow patients while in skilled nursing facility. It is NOT that residents are denied the right to choose their own physician, but rather there are not those available to choose from. The facility respectfully disputes this finding and asks it be removed from the record. 2. Identifying others: All residents in the facility are being followed by the Medical Directors physician practice. The facility has been actively recruiting additional physicians to follow residents here, thus giving them physician choice, however to date, none of have been secured. New residents are told their personal attending physician is welcome to follow them during their stay here and if interested to contact the Executive Director. Facility will</p>		

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	<p>has reported that they were receiving calls from staff because _____ [name of physician] was not answering and he asked me to address with _____ [name of physician].</p> <p>Additionally, I found a prescription pad just laying unsecured in the mail room and staff reported that the previous ED/DNS [Executive Director/Director Nursing Staff] also had a signature stamp pad to enable them to write prescriptions on _____ [name of physician]'s behalf. Given this information, I instructed Social Services to notify those patients and family members affected and I notified _____ [name of Medical Director]'s practice as well and asked them to step in and pick up these patients. There is no other physician practice attending here so when I terminated _____ [name of physician], I asked _____ [name of Medical Director] as the Medical Director to attend to these residents."</p> <p>Review of documentation presented by the Administrator on 11/09/11 at 10:15 a.m., indicated a letter sent to Physician #2 from the Minimum Data Set [MDS] Coordinator, RN #1, dated 03/17/11, which indicated the following:</p> <p>"Just need to make you aware that per the new CMS (Centers for Medicare and</p>		<p>make written statement available to new admissions. 3.Systematic Changes- Facility reviews Resident Rights upon admission, annually. Facility will make it a matter of standard practice to ask during scheduled care plans whether resident/responsible party are satisfied with the their respective physician services.4. Monitoring- MD selection process will be reviewed with Resident Council (ED is invited monthly) X3 and physician development will be reviewed in PI (Performance Improvement)Committee x6 or until physician choices are able to be secured. 5. Completion Date: ED will be responsible to ensure compliance by 12-2-2011.</p>		

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	<p>Medicaid Services) guidelines as well as the Indiana Supportive Documentation guidelines, all active diagnosis must have a doctor's signature within 60 days in order to code this correctly on our assessments and billing forms.</p> <p>We are asking and encouraging our physicians to continue signing the last page of the monthly rewrites when visiting the residents under their care in order to stay current with this requirement."</p> <p>Review of an e-mail from the MDS Coordinator, dated 11/08/11 at 4:10 p.m., indicated, "In March of this year, I gave _____[name of Physician #2] a letter requesting that he sign his MD [Medical Doctor] orders and re-writes. I explained that his was necessary to code our assessments and billing forms correctly. I suggested this could be accomplished by simply signing the orders when he came to see his residents. His reply was that he doesn't necessarily look at the chart when he sees his patients. I have left you a copy of the letter given to him."</p> <p>Resident #C's closed clinical record was reviewed on 11/07/11 at 2:40 p.m. and indicated a Condition Change Form dated 08/23/11 at :125 p.m., "Res [Resident] switch to Dr. ____ [name of Medical</p>				

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	<p>Director]. Res notified. Tried to call dtr [daughter] - phone # [number] disconnected."</p> <p>Resident #D's closed clinical record was reviewed on 11/07/11 at 3:50 p.m. and indicated a Condition Change Form dated 08/26/11., "New orders to switch pt. [patient] PCP [Primary Care Physician] to Dr. ____ [name of Medical Director]. New order to DC [discontinue] all orders pertaining to PICC [Peripheral Intravenous Central Catheter] . New order to hold parameters on atenolol. New order to DC wkly [weekly] labs (no IV [intravenous] ATB [antibiotic])."</p> <p>Resident #E's closed clinical record was reviewed on 11/09/11 at 12:20 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 2:30 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Res & guardian notified...."</p> <p>Resident #G's closed clinical record was reviewed on 11/09/11 at 12:55 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:45 p.m., "Res [Resident] to switch to Dr. ____ [name of Medical Director] from ____ [name of Physician #2]. Left msg [message] for Dtr. ____ [name of daughter]. Res notified."</p>				

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	<p>Resident #I's closed clinical record was reviewed on 11/09/11 at 1:10 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 2:10 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Dtr in law notified."</p> <p>Resident #J's clinical record was reviewed on 11/07/11 at 1:37 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:40 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Dtr. ____ [first name of daughter] notified."</p> <p>Resident #K's clinical record was reviewed on 11/07/11 at 1:43 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:55 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Left msg for son ____ [first name of son]. Res notified."</p> <p>Resident #L's clinical record was reviewed on 11/09/11 at 1:45 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:40 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Dtr. ____ [first name of daughter] notified."</p> <p>Resident #M's clinical record was reviewed on 11/09/11 at 2:15 p.m. and indicated in Resident Progress Notes</p>			

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	<p>dated 08/23/11 at 1:00 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Res notified."</p> <p>Resident #N's clinical record was reviewed on 11/09/11 at 1:50 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 2:15 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Res notified."</p> <p>Resident #O's clinical record was reviewed on 11/09/11 at 1:52 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:50 p.m., "Res [Resident] to switch from Dr. ____ [name of Physician #2] to ____ [name of Medical Director] patient. Left msg for Resw [with]/notification. Res is agreeable.."</p> <p>Resident #P's clinical record was reviewed on 11/09/11 at 1:55 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:25 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. POA [Power of Attorney] ... notified."</p> <p>Resident #Q's clinical record was reviewed on 11/09/11 at 2:00 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:30 p.m., "Res [Resident] to switch to Dr. ____ [name of</p>				

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	<p>Medical Director] from ____ [name of Physician #2]. Family notified."</p> <p>Resident #R's clinical record was reviewed on 11/09/11 at 2 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:55 p.m., "Res [Resident] to switch to Dr. ____ [name of Medical Director]. Left msg for res dtr. ____ [first name of daughter]."</p> <p>Resident #S's clinical record was reviewed on 11/09/11 at 2:05 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:50 p.m., "Res [Resident] switch to Dr. ____ [name of Medical Director]. Dtr. ____ [first name of daughter] notified."</p> <p>Resident #T's clinical record was reviewed on 11/09/11 at 2:05 p.m. and indicated in Resident Progress Notes dated 08/23/11 at 1:55 p.m., "Res [Resident] to switch from ____ [name of Physician #2] to Dr. ____ [name of Medical Director]. POA ____ [first name of POA] notified."</p> <p>On 11/10/11 at 2 p.m., the Administrator presented a policy on Physician Services dated 04/28/10 indicated, "... The center will: a. Assist the resident, when necessary, in his or her efforts to obtain attending physician services. b. Support</p>			

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F0312 SS=D	<p>the Physician' efforts to meet their responsibilities c. Share MDS and other assessment data with the Physician...."</p> <p>This deficiency is related to Complaint IN00097927.</p> <p>3.1-3(n)(1)</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to ensure a dependent resident received the necessary incontinence care and services to maintain good personal hygiene, for 1 of 3 residents reviewed for activities of daily living in a sample of 22. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's closed clinical record was reviewed on 11/07/11 at 3:15 p.m. and indicated the resident was admitted to the facility on 10/20/11 with diagnoses which included, but were not limited to, thoracic aortic aneurysm, peripheral vascular disease, hypertension, hyperlipidemia, and macrocytic anemia. The closed clinical record indicated the resident was transferred to another facility on 10/24/11.</p>	F0312	<p>F0312It is the practice of this facility to ensure that a resident who is unable to carry out activities of daily living recieves the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. Corrective Action: Resident #B discharged.2. Identifying Others: Unit Manager/DNS will review C.N.A assignment sheets to ensure that those needing ADL assistance are identified. Care plans will be updated as appropriate.3. Systematic Changes: The IDT (interdisciplinary team) will review new admission charts, identify care needs and those care needs will be added to the C.N.A. assignement sheet by the following business day. C.N.A. assignment sheets will be reviewed weekly and as needed by the UM/DNS to update as necessary to reflect care needs.</p>	12/02/2011	

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	<p>Review of the resident's Minimum Data Set [MDS] assessment dated 10/26/11 indicated the resident had modified independence with cognitive skills for daily decision-making, needed extensive assist with transfers, toileting, bathing, and hygiene. The MDS indicated the resident was continent of urine and bowel.</p> <p>An Interim Plan of Care dated 10/20/11 indicated the resident used an urinal and bedpan. The "Bladder/Bowel Status" indicated bladder and bowel incontinence frequency was daily.</p> <p>The Patient Nursing Evaluation dated 10/20/11, under Bladder Status Screening, indicated Resident #B had no apparent pattern, usually needed to use the bathroom every 30 minutes during the day, was frequently incontinent and wore briefs for protection. The Bowel Status Screening indicated the resident was frequently incontinent, was physically reliant on caregiver to go to bathroom, and had a bowel movement 2 times a day.</p> <p>Interview with the Administrator on 11/09/11 at 12:30 p.m. indicated the facility has had a big turn over in staff including the Administrator, Director of Nursing Services, and approximately 30 nursing staff and department staff. The Administrator indicated she and the</p>		<p>Nursing staff will be inserviced on C.N.A. assignment sheets, rounds throughout their shift and meeting resident care needs timely.4. Monitoring: Unit Manager/DNS/Desginee will make rounds on the units daily to ensure that care needs are being met. Angel Care concerns are reviewed daily in the morning meeting with concerns addressed and resolved as soon as possible or within 24 hours. Will review concerns weekly X3 and then monthly reviewed monthly x3 in PI committee.to ensure compliance. Rounds and Angel Care program will continue to ensure that continued compliance has been achieved. 5. DNS/ED responsible for compliance by December 2, 2001.</p>		

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	<p>Director of Nursing Services [DNS] had talked with Resident #B's family in regard to finding him soaked with urine on Friday. The Administrator explained the CNA who had him, came in late, and didn't know she had him. The Administrator indicated the CNA did not check the patients at the beginning of her shift.</p> <p>Interview with CNA #1, on 11/09/11 at 3:15 p.m., indicated she usually works from 2:30 p.m. to 10:30 p.m., but was called into work for another aide and came in on morning shift at 8:58 a.m. on Friday, 10/21/11. CNA #1 indicated she did not get any report and everyone started saying "this one and that one" needs up for therapy and so she started getting people up. CNA #1 indicated when she went into Resident #B's room, she found the resident soaked. CNA #1 indicated it was bad and the bed needed a total bed change. CNA #1 indicated she went to get a wheelchair to put Resident #B in to clean him up and came back, and the resident's daughter was there and was not happy. CNA #1 indicated the daughter told her not to touch the resident that she was waiting on the DON [Director of Nursing]. The aide indicated the Administrator and DON came in and saw the condition the resident was in. CNA #1 indicated the resident had his</p>				

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	<p>pajama bottoms down around his knees, a gray T-shirt on which was wet around the bottom and a brief on and socks on. CNA #1 indicated the bed had brown rings of dried urine on the sheet and the urinal was empty and was on the side of the bed. CNA #1 indicated she got wrote up because of this incident.</p> <p>Review of a Performance Improvement Form dated 10/21/11 indicated, "On 10/21/11 the resident in (room number) was found by the nurse practitioner in a urine soaked bed. She indicated the resident was soaked up to his shoulders. She also indicated the sheets had 2 brown rings on the sheets. The NP [Nurse Practitioner] notified the nurse, who in turn made the aide aware of the situation. When this manager went to the room at 1:00 p.m., the room smelled of urine and the mattress was soaked. This manager also viewed the clothing of the resident and verified that the T-shirt was soaked to the shoulders. The pants were also wet. The family asked to transfer the resident to another facility."</p> <p>The Administrator presented a typed statement on 11/09/11 at 1:15 p.m. in regard to the above incident which indicated the following:</p> <p>"DNS and I met with Mrs. _____ [last</p>						

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	<p>name of Resident #B] and her daughter, who was L.P.N., and former Kindred employee on 10/21/11 at approximately noon. Both understandably upset that they found Mr. _____[last name of Resident #B]'s bed wet with urine. (Nurse Practioner [sic] had noted the issue first and had just told nurse, who informed the C.N.A.) DNS/ED went with the family and found mattress as they described. Patient was up, cleaned up and having lunch at that time and in no apparent distress. We replaced the mattress and discarded the old one. Upon investigation, there was some confusion on the part of the C.N.A. who was assigned to the patient and it was believed that she did not intend to leave patient in such a mess. C.N.A., _____[name of CNA] was given a final written counseling for the poor care rendered and clearly understood that any recurrence would result in her termination. Mrs. _____[last of name of Resident #B] also revealed that she had to place Mr. _____[last name of Resident #B] on a bedpan the night before as well and he had to wait for a time for a dinner tray (I believe I recall he was a later afternoon admission). Upon investigating those items, there was confusion over what Mr. _____[last name of Resident #B] could/couldn't do for himself and staff believed that Mr. _____[last name of</p>				

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	<p>Resident #B] wanted his wife to assist him instead of staff. He did have to wait for a dinner tray to be ordered and delivered, but he did receive dinner. We did offer our apologies to the family for this beginning, asked for another chance, but they were insistent on move. No other issues were reported during the stay."</p> <p>Review of the facility's Incontinence/Perineal Care policy dated 11/02/10 indicated "Cleanliness of the perineum helps to prevent infection, skin breakdown and odor by removing irritating and odorous secretions that collect on the inner surface of the labia or under the foreskin of the penis. Perineal care is provided to the resident who needs assistance to maintain perineal cleanliness."</p> <p>This deficiency is related to Complaint IN00098919.</p> <p>3.1-38(a)(3)</p>				