STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155790		01/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER	14751 CAREY RD CARMEL, IN 46033

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00190856. Complaint IN00190856-Substantiated. Federal/State deficiencies related to the allegations are cited at F226. Survey dates: January 13 and 14, 2016 Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 31 SNF/NF: 49 Total: 80 Census payor type: Medicare: 24 Medicaid: 38 Other: 18 Total: 80 Sample: 7 These deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed by 21662	F 0000	This Plan of Correction is the center's credible allegationof compliance. Preparation and/orexecution of this plan of correction does not constitute admission or agreement by the provider of the truthof the facts alleged or conclusions set forth in the statement ofdeficiencies. The plan of correction isprepared and/or executed solely because it is required by the provisions offederal and state law. The facilityrespectfully requests a desk review for this plan of correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	on January 20, 2016.			
F 0226 SS=E Bldg. 00	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on observation, interview and record review, the facility failed to ensure their abuse policy and procedure was followed and residents, family members and staff members were trained on the proper procedure how to intervene and report abuse for 1 of 1 abuse allegation being reviewed for proper policy and procedure protocol. (Housekeeper #1, Residents B and D, Family Member G, LPN's #3, CNA #6, Housekeeper #2 and LPN #4) Findings include: 1. An Indiana State Department of Health Survey Incident Report Form dated 1/11/16, indicated the incident occurred on 1/10/16 at 10:04 p.m. Resident B was sent to the Emergency Room (ER) at (hospital) due to extreme	F 0226	F226 1.Housekeeper #1 & 2, Resident B & D,Family member G, LPN's #3 & 4, have been educated on our abuse policy andprocedure protocol. In addition, eachdepartment has been re-educated on Kindred's abuse policy and procedure. A letter written by the Executive Directorhas been provided to each resident and family on how and to whom they reportconcerns, incidents, and complaints to. The state abuse hotline and Elder Justice Act is posted at each nurse'sstation for residents, families, and staff to report any concerns without fearof retaliation. 2.Residents will be interviewed using the abusequestionnaire to ensure we do not have any other residents affected by the samedeficient practice. In	02/02/2016

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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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	agitation. At the ER she indicated to the hospital social worker one of the nurses from the facility had twisted her arm resulting in soft tissue swelling in her left forearm. The hospital immediately notified management at the facility and the accused nurse was immediately suspended pending investigation. Resident B returned to the facility later that evening. Upon further investigation it was determined the family of Resident B's had been contacted to come to the facility to help calm her down. During their visit the resident grabbed the family member by the hair and the resident and the family member was separated by another family member. The nurse intervened and remained with the resident until the paramedics arrived to transport Resident B to the hospital for further evaluation. The type of injury was soft tissue swelling to the resident's left forearm. During an interview on 1/13/16 at 2:07 p.m., Resident B indicated a nurse whose name she knew, but could not recall at that time grabbed her left arm at the wrist and elbow areas. She indicated the nurse had two hands on her left arm and "drug me" from the lounge area to her room. Se indicated the nurse picked her up from under her bilateral arms and "threw" her into the bed and the nurse held her left		addition, we havethe compliance hotline posted and will continue to utilize the angel careprogram, grievance process, and ABAQIS questionnaire to promote ongoingcommunication with patients and their families to identify concerns/issues. 3.The ABAQIS abuse questions will be used tointerview 10 patients monthly for 90 days and reported to the PerformanceImprovement committee monthly until 100% compliance achieved. In addition, the Staff DevelopmentCoordinator and/or designee will add our abuse protocol to our monthlyin-service agenda for the remainder of the year to ensure staff is welleducated on our abuse protocol. SocialServices and/or designee will remind residents and their families of whom theyreport concerns to during each quarterly care plan conference. This will also be added to our monthlyresident council meeting to remind residents how and to whom to report abuse. Our admissions coordinator and/or designeewill educate new admissions and families of whom to report concerns to uponadmission. 4.The ABAQIS abuse questions will be used tointerview 10 patients monthly for 90 days and reported to the	

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	arm down with the nurse's two hands. She indicated someone (either the nurse's mother or aunt) was in the room with the nurse and the nurse let go of her arm when another person came into the room. She indicated she was not afraid to live here at the facility because everyone knew what the nurse had done to her and she would not be in the "section" she lived in anymore. She went to the police headquarters with a family member and signed a complaint against the nurse who did this to her. Resident B's left arm was observed wrapped in an ace wrap, which went from her mid forearm to her wrist. She had gauze wrapped around the top of her left hand and around her left thumb. Her fingers on her left hand were observed to be swollen. She indicated her left arm was sore with pain from her mid forearm to her wrist area. She indicated she had reported the "abuse" by the nurse to the ambulance drivers. She indicated she did not know who to report allegations of abuse to at the facility, so guessed she would report them to a family member when she came to the facility. During an interview on 1/13/16 at 3:40 p.m., LPN #3 indicated Resident B was "wild." She indicated on 1/10/15 she was yelling and screaming. She indicated Resident B got into a verbal altercation		PerformanceImprovement committee monthly until 100% compliance achieved. The grievance log will be reviewed in ourdaily stand-up meeting Monday through Friday to ensure all concerns areaddressed in a timely manner ongoing. 5.The systemic changes will be completed byFebruary 2, 2016	

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	with a family member on the phone. LPN #3 indicated she had an episode like this three weeks ago, but she had never witnessed her like this. She indicated this was not something normal for her. She indicated the resident's family member had been in the facility earlier in the shift, but then she left. She indicated the staff had tried many different interventions to try to calm her down including LPN #4 coming to help and calling family members. She indicated family members came to the facility and was in the resident's room when Resident B was given an Ativan (an anti-anxiety medication) injection. The resident was gotten out of bed and was in the lounge with the family members screaming and yelling and waving her hands at them. She indicated a family member was telling Resident B "Your acting crazy" and Your crazy Grandma" and that was agitating the resident more. She heard that family member yell "Let go of my arms, your hurting me" and she heard the other family member yell "Let go of my [family member's] arms, your hurting her." She indicated she looked over in the direction of the resident and she saw a family member trying to "disengage" the resident's arms from that family member's arms, so she turned back around and continued typing the behavior sheet and the resident's paperwork she			

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	was getting ready, so she could send the resident out to the hospital. She indicated she could see something was wrong over there with the resident and the family out of her peripheral vision, but she figured it was a "family thing" and she let the daughter handle it. During an interview on 1/14/16 at 10:18 a.m., CNA #6 indicated at approximately Resident B was yelling and screaming sitting in front of the nurses station. She indicated LPN #4 came to the unit approximately 5:00 p.m., and sat with the resident and tried interventions to try to calm her down. She indicated at approximately 7:30 p.m., she and LPN #3 placed Resident B to bed and she sat on the edge of the bed. She indicated the resident's family members came to the facility at approximately 8:00 p.m., and they placed the resident back into her wheelchair and took her to the lounge. She indicated the resident was in the lounge yelling and screaming and trying to get out of her wheelchair. The indicated both family members were holding onto her arms tightly, but she was walking up and down the hallway, so she could not tell exactly where they were holding onto her arms. She indicated the family members were yelling at the resident to sit down, so she wouldn't fall, which was agitating her			

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	more. She indicated at one point she went over to the resident and talked calmly to her to get her to sit down and told the family not to talk to her because they were agitating her more, then she continued putting her residents to bed. During an interview on 1/14/16 at 11:16 a.m., LPN #4 indicated she went to Resident B's unit at 5:30 p.m. She indicated Resident B was standing up from her wheelchair at a table in the dining room yelling and screaming. She indicated she got her to calm down by calling a family member who did not answer the phone, so she called another family member for her. The resident yelled and screamed at that family member on the phone. She indicated she tried several interventions to try to calm the resident, but her behavior escalated. LPN #4 indicated the resident's family members came to the facility at approximately 6:00-6:15 p.m. and took the resident into her room and she was yelling and screaming at them, so she sent LPN #3 into her room. The resident grabbed a family member's arm and that family member took both her hands and used them to push the resident's hands off her arm saying "You've always been crazy Grandma." LPN #4 indicated the resident was given an Ativan injection, then the resident stood up on her own and			

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	got into her wheelchair approximately 6:30-6:45 p.m. LPN #4 indicated the resident was taken to the lounge area with the family members. She indicated Resident B grabbed that same family member's arm tightly again in the lounge area and that same family member was trying to get the resident's hands off her by taking her hands and pushing the resident's hands off her arms. LPN #4 indicated she left the unit after the altercation between Resident B and that family member. LPN #4 indicated she did not assist the family members and the resident during the altercation because she would not assist resident's who were fighting by flailing their arms or hitting because she would not want anything to happen to her or the resident while she would be trying to help with the altercation. 2. During an interview on 1/13/16 at 1:55 p.m., Housekeeper #1 indicated he did not know the types of abuse and he would not do anything to intervene if he witnessed abuse because he worked in housekeeping and he did not want to get involved. 3. During an interview on 1/13/16 at 2:40 p.m., Resident D indicated she did not know who she was to report abuse allegations to at the facility if she was			

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	abused or she witnessed abuse. 4. During an interview on 1/13/16 at 3:16 p.m., Family Member G indicated she did had "no clue" who to report witnessed abuse to. She indicated she did not remember receiving information on how to report witnessed abuse with the admission paperwork. 5. During an interview on 1/14/16 at 11:50 a.m., Housekeeper #2 indicated he knew the types of abuse and that he should notify the Executive Director immediately if he witnessed abuse, but he did not know that he was to separate the alleged abuser and the resident and to keep the resident safe. During an interview on 1/14/16 at 3:24 p.m., the Executive Director indicated he expected the staff members to intervene if they witnessed a family member and a resident having an altercation, then the staff member should report the altercation to him immediately. A form titled "Reporting Abuse and Neglect" undated, provided by the Staff Development Coordinator on 1/14/16 at 2:50 p.m., indicated "... If suspected or observed abuse occurs, REMOVE the resident from harm's way and REPORT the incident...." and was signed by the			

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	following employees on the following dates: Housekeeper #1 on 1/5/16 Housekeeper #2 on 1/6/16 LPN #4 on 1/12/16 LPN #3 on 1/13/16 A current policy and procedure titled "Abuse" with a revised date 7/28/2014, provided by the Executive Director on 1/14/2016 at 9:42 a.m., indicated "... Components...16. Staff receive orientation and on-going annual training on: a. Appropriate interventions to deal with aggressive and/or catastrophic reactions of patients.. How to report their knowledge related to allegations and reasonable suspicion of crime... e. What constitutes abuse, neglect and misappropriation of patient property...." A current policy and procedure titled "Responding to and Investigating an Abuse Allegation" dated 8/31/2012, provided by the Executive Director on 1/14/16 at 9:58 a.m., indicated "Rationale: All employee, contractor, transporter (e.g., ambulance staff), visitor, or another patient can commit patient abuse. Alleged abuse committed by an employee or visitor is covered under this procedure. The center must ensure that all alleged violations involving mistreatment, neglect,			

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	seclusion or abuse, including injuries of unknown source and misappropriation of patient property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency)... Alleged Physical Abuse: 1. Diffuse the situation, and remove the aggressor from all patient contact. 2. Keep the patient safe. 3. If the patient could have an injury as a result of the alleged abuse, stabilize the patient's condition... 4. Contact the Executive Director and Director of Nursing Immediately...." 3.1-28(a)			