

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155488	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-ROLLING HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 ST JOSEPH RD NEW ALBANY, IN 47150
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F0000	<p>This visit was for the Investigation of Complaint IN00111687.</p> <p>Complaint IN00111687 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency cited.</p> <p>Survey Date: July 13, 2012</p> <p>Facility Number: 000526 Provider Number: 155488 AIM Number: 100266970</p> <p>Survey Team: Donna Groan, RN</p> <p>Census Bed Type: SNF/NF: 109 Total: 109</p> <p>Census Payor Type: Medicare: 12 Medicaid: 75 Other: 22 Total: 109</p> <p>Sample: 3 Supplemental Sample: 1</p> <p>These deficiencies also reflect state findings cited in accordance with 410</p>	F0000	<p>This Plan of Correction is submitted under the State and Federal Regulations and Statues applicable to long-term care providers. This Plan of Correction does not constitute an admission on part of the facility. We request this Plan of Correction serve as our credible allegation of compliance. In addition, we are requesting this Plan of Correction be considered for desk review compliance. This is an addendum to POC as requested by ISDH-corrections made as requested. The facility has already uploaded supporting documents under original POC submission on 7/20/2012. Should you have any questions, please feel free to contact me at (812) 948-0670. Sincerely, Fairley (Lee) R. Taylor Jr., HFA Executive Director</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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	IAC 16.2. Quality review 7/18/12 by Suzanne Williams, RN			
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F0224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRI ATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review, observation, and interview, the facility failed to ensure a resident was free from mistreatment, in that a straight catheterization for a urine specimen was obtained in the middle of the night, upsetting the confused resident, and resulting in bruising, for 1 of 1 resident reviewed requiring a straight catheterization in a supplemental sample of 1. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 7/13/12 at 11:35 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's dementia and dementia with behaviors. The most recent Annual Minimum Data Set dated 6/5/12, indicated the resident's cognitive/decision making as modified independence - some difficulty in new situations only.</p> <p>Resident Progress notes included, but were not limited to</p>	F0224	<p>1. Resident D had lab work and a UA & C&S ordered on 06/24/2012. When performing the straight cath. for the urine specimen, this resident struck out at the nurse and struck the C.N.A's arm. On 06/25/2012 resident noted with bruising to wrists and Lt. AC space. This resident could only recall stating to her daughter that "A girl grabbed me." Head to toe assessment completed and geri sleeves offered to resident. MD notified and resident will only have a straight cath performed in the event of an emergency. Care plan updated and staff educated on residents plan of care. 2. Nursing employees involved in the straight cath. procedure were removed from the schedule and after completion of investigating the event all 3 nursing employees were terminated. Resident and staff interviews completed without findings. Head to toe assessments completed for cognitively impaired residents without findings. All straight cath. procedures will be performed during waking hours.3. DNS/ED/Designee completed</p>	07/23/2012			

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	<p>6/25/12 0300 (3:00 a.m.) "U/A (urinalysis) sample obtained via straight cath. res. urine is dark yellow with some sediment noted. No foul smell present, resident tolerated well."</p> <p>6/25/12 17:15 (5:15 p.m.) "Full head to toe skin assessment completed at this time. Bruising noted to left wrist, left arm, left AC (antecubital - the area of the arm in front of the elbow), left knee and right wrist. All areas documented on appropriate skin sheets. Other than bruising, skin warm, dry, et (and) intact. Resident currently takes Aspirin 81 mg and has a history of bruising very easily. MD aware."</p> <p>6/25/12 1800 (6 p.m.) "late entry for 6/25/12 @ 0230 (2:30 a.m.) Entered pt room to perform UA (urinalysis) per straight cath, explained procedure to pt (patient), pt appeared to be compliant with procedure. Staff assisted pt with removing clothing & pericare provided. Unit nurse and CNA (certified nursing assistant) assisted this nurse with procedure d/t (due to) need for additional lighting from flashlight. Pt positioned for cath insertion & once cath inserted pt became combative hitting & kicking kneeing this nurse in the face. Staff blocked pt from striking them & as quickly & safely as possible removed cath</p>		<p>education and in-servicing on Abuse, Abuse Prevention, Residents exhibiting Challenging behaviors, MD & Family notification, Care of the Cognitively impaired resident and Resident Rights. Special education for nursing staff is provided with emphasis on the following: a. If a resident refuses care notify MD & Family. Encourage family to participate in care and be present to provide emotional support and understanding to residents. Notify SSD, DNS & ED and document. b. If a resident refuses care, a treatment or procedure, they have the right to refuse. Re-approach after allowing the resident some time to calm, request a different staff member offer the care or service to the resident. Notify family, MD, DNS & ED of any refusal of care and complete documentation. 4. The DNS/Designee will audit all resident's orders for any straight cath. procedures and ensure they are scheduled to be performed during waking hours. This will be a continued practice of this facility unless otherwise indicated by the resident's choice and their individualized plan of care will reflect the resident's choice. The DNS will monitor for compliance via review of the 24 hour Nursing Report & STOP & WATCH forms 5 times weekly in AM IDT meeting, daily nursing rounds on all units, daily review of event</p>				

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	<p>then cleaned and redressed pt."</p> <p>6/24/12 1300 (1 p.m.) "Late entry - N.O. rec'd from [named] Nurse Practitioner - obtain U/A, C &S (culture & sensitivity) May obtain via straight cath or clean catch."</p> <p>6/25/12 "Late entry 1500 (3 p.m.) Noted bruising on bilateral forearms, purple in color. Res. denies pain, full ROM (range of motion) noted of arms, wrists and fingers without complaint of pain. No swelling noted."</p> <p>On 7/13/12 in interview with the Administrator at 11:50 a.m., he indicated staff used poor judgement in getting a specimen during the night. The Administrator indicated they should get them before bedtime and stop immediately, if resident is upset.. All three staff were terminated, which included LPN #4, CNA #2 and RN#1. All residents were assessed and no other residents were found with bruising.</p> <p>On 7/13/12 at 1:40 p.m., the facility Resident Rights, dated 01/11, was reviewed. The Indiana Resident Rights included, but were not limited to," (j) Residents have the right to the following: (4) Refuse any treatment or service, including medication..."</p>		<p>reports for non-pressure skin concerns and etiology and review of concerns / grievances with ED weekly. All findings of deficient practice will be identified and followed up on immediately with individual staff and reviewed in monthly PI meeting for compliance with abuse prevention and care of the cognitively impaired resident for 3 months until 100% compliance is achieved as determined by the PI committee.</p>				

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	<p>On 7/13/12 at 2:45 p.m. resident D was observed lying in bed with eyes open. No bruising was noted on wrists. In interview with LPN #2, at this time, she indicated the bruising was healed.</p> <p>3.1-28(a)</p>			
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