

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/14/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTHWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 MARGARET AVE TERRE HAUTE, IN 47802
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00196715 and IN00196803.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and PSR to the Investigation of Complaints IN00192728, IN00192913, and IN00193147 completed on February 26, 2016.</p> <p>Complaint IN00196715 - Substantiated. Federal/State deficiencies related to the allegations are cited at F333.</p> <p>Complaint IN00196803 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 12, 13, and 14, 2016</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Census bed type: SNF/NF: 100 Total: 100</p>	F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Attached you will find the completed Plan of Correction and attachments for complaint survey dated April 14, 2016. We respectfully request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (812) 232-2223. Sincerely, Brenda Hatfield, 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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F 0333 SS=D Bldg. 00	<p>Census payor type: Medicare: 12 Medicaid: 71 Other: 17 Total: 100</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 15, 2016 by 29479.</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on interview and record review, the facility failed to ensure a resident was free of a significant medication error which was not in accordance with physician's orders for 1 of 1 resident reviewed for a medication error. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's clinical record was reviewed on 4/14/16 at 10:30 a.m. The resident's diagnoses included, Alzheimer's disease, urinary tract infection, hypothyroidism,</p>	F 0333	<p>1.Resident received another resident's insulin. Family and M.D. notified and orders implemented. No residents were harmed as a result of this error. Nurse was reeducated on the five rights of medication administration and completed a med pass competency.</p> <p>2.All resident have the potential for medication error. Licensed nurses were reeducated on the five rights of medication administration and completed med pass competencies. As an additional measure all charts were audited to ensure photos are in place and new photos are</p>	04/19/2016

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	<p>anxiety, glaucoma, depressive disorder, pain, fever, disease of upper respiratory tract, constipation, edema, and muscle weakness.</p> <p>A physician's order, dated 3/2/16, was noted of "Dextrose Solution 5% Use 50 ml [milliliters]/hr [hour] one time a day for low b/s [blood sugar] for 1 Day RUN FOR 18 HOURS DO NOT DC [discontinue] UNTIL REPORTING THE BS [blood sugar] FOR 18 HOURS TO DR. [name]." A second order was noted on 3/2/16, of "Dextrose Solution 5% Inject 75 ml/hr subcutaneously one time a day for low bs for 1 Day DO NOT DISCONTINUE UNTIL ORDER RECEIVED FROM DR. [name]." An order was also noted on 3/2/16 to initiate the hypoglycemia protocol of "continue to check blood glucose every 15 minutes until blood sugar is over 70 mg/dl every hour for low b/s for 1 day."</p> <p>Documentation was noted of the resident's blood sugar checks being done. The results ranged from 79 to 210. The dextrose solution was discontinued on 3/3/16.</p> <p>The Director of Nursing Services (DNS) was interviewed on 4/14/16 at 11:00 a.m. She indicated a nurse who did not usually work on the unit where Resident B</p>		<p>being taken.</p> <p>3.The SDC/Designee provided reeducated to the licensed nurses on the five rights of medication administration and completed med pass competencies. Medical records/designee will be given monthly MDS calendar as well as being E-Mailed with daily changes to said calendar. The residents on the calendar will have new photos taken the new photo will be placed on the MAR/clinical record for identification. Photos will continue to be up dated with the quarterly MDS rotation</p> <p>4.SDC/Designee will continue current practice of medication competencies being done at hire and annual evaluation as well as adding random competencies monthly by DNS/Designee ongoing as a best practice. The DNS/Designee will audit resident photos through a monthly report provided by Medical records. The photo audit report will continue monthly as a continued process of this facility. The resident photo audits as well as results from the medication competencies will be presented to the PI committee for reviews monthly times three months.</p> <p>5.Administrator is ultimately responsible for compliance.</p>	

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	<p>resided, had administered Resident C's insulin to Resident B. The medication was Lantus (long acting insulin) 60 units subcutaneously. The DNS indicated the method of identification of the resident's for medication administration was a picture of the resident on the electronic medication administration record. The DNS indicated the nurse became aware of the error as soon as she had returned to the medication cart and the physician was notified and orders received for blood glucose monitoring and dextrose solution intravenous fluids.</p> <p>The Staff Development Coordinator (SDC) was interviewed on 4/14/16 at 11:20 a.m. She indicated she provided an inservice to the nurse who made the medication error on 3/4/16. She provided a form titled "Rapid Inservice," dated 3/4/16 of "Topic: 5 Rights of medication administration. The inservice addressed the right route, dose, resident, medication and time.</p> <p>A facility tool, titled "Medication Pass Observation Review," dated 10/31/10, provided by the SDC on 4/14/16 at 2:00 p.m., included but was not limited to, "Medication Administration (contd.) [continued] The nurse practices the five right before giving the medication: -Right resident - Right medication - Right</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	dose - Right time...." This Federal tag relates to complaint IN00196715. 3.1-48(c)(2)				