

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 12/10/2015
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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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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00187297.</p> <p>Complaint IN00187297-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: December 3, 4, 7, 8, 9, and 10, 2015</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Census Bed Type: SNF/NF: 132 Total: 132</p> <p>Census Payor Type: Medicare: 21 Medicaid: 95 Other: 16 Total: 132</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>December 21 ,2016.</p> <p>Dear Ms Rhoades;</p> <p>Attached you will find the completed Plan of Correction and attachments for our Recertification and Licensure Survey for 12/3/2015 to 12/10/2015. We request that our plan of correction be considered for a paper compliance desk review. Should you have any questions please contact me.</p> <p>Respectfully Linda Vest E.D.</p>	
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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 0465 SS=F Bldg. 00	<p>Quality review completed by 30576 on December 11, 2015</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to maintain the kitchen ceiling in a clean fashion with the potential to affect 125 residents that received food from the kitchen, and to maintain shower and resident rooms in proper repair for 2 of 4 shower stalls observed and 8 of 40 resident rooms observed for a safe, functional, sanitary, and comfortable environment. (Resident #'s 59, 128, 158, 165, 204, 241, 244, 248)</p> <p>Findings include:</p> <p>1. During an observation, on 12/3/15 at 10:40 a.m., a grayish-black, hand width circle was noted on the ceiling around a ventilation fan/vent. There were areas of gray debris within the circle. Gray debris was also noted within the vent/fan. The</p>	F 0465	<p>1 a. There were no residents affected by this practice. b. There was the potential for all residents receiving food from the kitchen to be affected. c. Corrective actions taken were to have Maintenance Director clean all the ceiling vents in the kitchen. Cleaning of the ceiling vents has been added to the maintenance preventative maintenance check list to be checked weekly and to be cleaned monthly or more often if needed. Administrator or her designee will check weekly to see that vents are clean when doing the weekly Dietary Quick Rounds. QAPI meetings will review these findings to assure compliance for 90 days or until substantial compliance is achieved and maintained. QAPI meeting members will review work Sheet and maintenance director will report progress to committee. This</p>	01/09/2016

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	<p>fan was near the stove, above a stainless steel table.</p> <p>During an observation with the Dietary Manager, on 12/10/15 at 12:15 p.m., the same observation as above was made. Another ventilation fan/vent was noted with a gray circle around it with spots with gray debris. This fan was located near the food service/serving area.</p> <p>During an interview with the Dietary Manager, on 12/10/15 at 12:16 p.m., he indicated the cleaning of the ceiling should be probably done at least once a month. The Dietary Manager further indicated he was unsure of when the last time the vents/ceiling was cleaned.</p> <p>A policy titled, Food Production Process, dated 2/28/14, was received by the Administrator on 12/10/15 at 12:51 p.m. The policy indicated, "...8. Prevent contamination of food with potentially harmful debris, such as chemicals, broken glass or glass chips, sweepings, dust, dirt, etc...."</p> <p>2. An environmental tour of the facility was conducted with the Maintenance Supervisor (MS) and the Housekeeping Supervisor (HS) on 12/10/15 at 10:30 a.m.</p> <p>On 12/4/15 at 10:03 a.m., Resident #59's</p>		<p>was completed 12/16/2015 2. a Resident#59's bathroom floor was scrubbed and rust spot was removed b. Housekeeping manager did tour of all residents bathrooms on 12/15/2015 and of all bathrooms throughout the facility to validate conditions of floors and any bathroom floors in need of cleaning were cleaned. c. House keeping manager has scheduled a mandatory all staff meeting for 12/23/2015. Proper floor cleaning will be reviewed and inserviced. Staff will be coached to report anything that can not be accomplished by daily maintenance of floors to the Housekeeping Manager. Weekly Housekeeping manager will inspect all bathroom floors to insure proper practices are being followed for bathroom floors and will assign cleaning for those needing completed . Housekeepers will check bathroom floors on a daily basis and report to Housekeeping Supervisor any areas that need addressed. Housekeeping Supervisor will report to the QAPI committee for 90 days to assure that compliance is achieved and maintained. d. Date of completion 12/23/2015 3 a. Resident doors for #158,244, 248,165, 241, 204, and 128 were affected and in need of repair. Bid was obtained and contractor will repair or replace doors. Doors are ordered . The affected doors will be removed and new</p>	

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	<p>bathroom floor was observed with a rust colored area near the commode in the corner, against the wall. This area was also observed during the environmental tour, at which time, the HS indicated housekeeping probably missed the area on the floor.</p> <p>The November 18, 2015 Resident Council Meeting minutes were provided by the Activity Director on 12/9/15 at 9:00 a.m. The minutes indicated a concern with resident floors not being cleaned on certain days.</p> <p>On 12/4/15 at 1:56 p.m., Resident #158's bathroom door was observed to be severely scraped along the bottom. The baseboards in the bathroom were observed to be pulling away from the wall. This was also observed during the environmental tour, at which time, the MS fiddled with the baseboard, which easily pulled away from the wall. The MS indicated some glue and paint could repair it.</p> <p>On 12/4/15 at 9:50 a.m., Resident #244's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was in definite need of a plate to be placed along the</p>		<p>ones installed or repaired doors will be repaired. b. Assessment was completed by maintenance Director and doors in need of being replaced were identified and given to the contractor to include in bid; replacement of doors to be scheduled upon arrival of doors. Contractor estimates the time of arrival to be the end of January and will install the first week of February. Doors that can be repaired by use of kickplates were repaired on 12/14/2015 c. Maintenance director will check doors on a weekly basis to assure that any that have scrapes, chips or other imperfections are repaired. Maintenance director will review findings with the QAPI committee on a monthly basis for 90 days or until compliance is achieved and maintained. d. Doors needing replaced will be completed within the next 60 days. 4 a No residents were affected by the showers not working as there are sufficient number of showers that are working properly. b. There is the potential for all residents on both the 200 hall and 300 hall to be affected. c. Contractor has been contacted and bids obtained for removal of the two showers and replacements being installed. Materials for replacing the 2 showers has been ordered and should arrive the second week of January. Replacing of showers should start by the last week of</p>	

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	<p>bottom of the door. He indicated he put plates along the bottom of doors when the need was noticed. He indicated resident room smoke detectors were checked weekly, allowing an opportunity to notice the need for door plates.</p> <p>On 12/4/15 at 9:13 a.m., Resident #248's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was in definite need of a plate to be placed along the bottom of the door.</p> <p>On 12/4/15 at 2:15 p.m., Resident #165's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was in definite need of a plate to be placed along the bottom of the door.</p> <p>On 12/4/15 at 10:57 a.m., Resident #241's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was chipped and ready for a plate to be placed along the bottom.</p>		<p>January. Each shower is estimated to take approximately 2 weeks to complete once materials arrive. Maintenance Director will check all showers monthly to assure that they are in proper working order and this has been put on his preventative maintenance schedule. Maintenance Director will report to the QAPI committee on the condition of showers for the next 90 days or until substantial compliance is achieved and maintained. d. This will be completed with in the next 60 days</p>	

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	<p>On 12/4/15 at 10:09 a.m., Resident 128's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was in definite need of a plate to be placed along the bottom of the door.</p> <p>On 12/4/15 at 11:23 a.m., Resident #204's bedroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the corner of the door was in need of a plate.</p> <p>On 12/4/15 at 11:19 a.m., Resident 248's bathroom door was observed to be severely scraped along the bottom. This was also observed during the environmental tour, at which time, the MS indicated the door was in definite need of a plate to be placed along the bottom of the door.</p> <p>An interview was conducted with the Administrator on 12/10/15 on 11:00 a.m. She indicated she was aware the doors in the resident rooms was a problem.</p> <p>An interview was conducted with Resident #28 on 12/7/15 at 11:32 a.m. She indicated a concern with broken</p>			

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	<p>showers down the 200 and 300 halls.</p> <p>The 200 and 300 hall shower rooms were observed with the MS on 12/10/15 at 11:10 a.m. There was yellow tape in the shape of an "X" covering one of the two shower entryways in the 200 hall shower room. The MS indicated the facility had not used the shower for "a month or two" because the fiberglass floor was cracked. A significant sized circular shape of multiple cracks was observed toward the middle of the shower floor. The MS indicated a company came out to do an estimate, but he was not sure where the facility was with moving forward. Upon observation of one of the two showers in the 300 hall shower room, the MS indicated the shower had not worked in the 3 years he'd been employed at the facility. He indicated he did not know what was wrong with it.</p> <p>The 5/28/15 General Environmental Condition policy was provided by the Assistant Director of Nursing on 12/10/15 at 1:47 p.m. It indicated, "A safe, functional, sanitary, and comfortable environment is provided for patients, staff, and the public."</p> <p>3.1-19(f)</p>			