

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  05/19/2014
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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, IN 46250
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F000000	<p>This visit was for the Investigation of Complaint IN00148800.</p> <p>Complaint IN00148800-Substantiated. Federal/state deficiency related to the allegation(s) is cited at F253.</p> <p>Survey Dates: May 19, 2014</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Survey Team: Courtney Mujic, RN-TC Beth Walsh, RN</p> <p>Census Bed Type: SNF/NF: 111 Total: 111</p> <p>Census Payor Type: Medicare: 15 Medicaid: 80 Other: 16 Total: 111</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This Plan of COrrrection is the centers 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 soley because it is required by the provisions of federal and state law.</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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F000253 SS=D	<p>Quality review completed on May 20, 2014 by Cheryl Fielden, RN.</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation and interview, the facility failed to maintain a home-like environment for 2 of 3 residents reviewed for environment. (Resident #A &amp; #B)</p> <p>Findings include:</p> <p>1. During an observation of Resident #B's bathroom, on 5/19/14 at 10:42 a.m., green residue was noted all over the extended flushing mechanism of the toilet. The baseboard trim along the bottom of the bathroom wall, on the entire length of the right side of the bathroom was missing. The wall was chipped and paint was missing from where the baseboard was.</p> <p>On 5/19/14, at 11:25 a.m., during a facility tour with the Maintenance Director and the Administrator, the</p>	F000253	<p>1.Residents #A and #B bathrooms were immediately cleaned of residue noted over the extended flushing mechanisms of the toilet. The baseboard was repaired in each bathroom and well as any painting and chip repair.2.Any active resident had the potential to be affected. A facility audit was conducted by Houskeeping Supervisor to identify any other bathroom that may have residue on the extended flushing mechanisms of the toilets. A facility audit was conducted by maintenance to identify any bathroom that may have baseboards missing, chipping on the walls, and or painting needs.3. Observational rounds/audits will be conducted by the Houskeeping Supervisor and Maintenance Director 3 times weekly to identify any environmental issue that could impede the home-like environment. Identified areas of concern will be directed to the</p>	06/19/2014

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	<p>Maintenance Director also noted the missing baseboard trim along the right side of the bathroom and the green residue on the flushing mechanism of the toilet. The Maintenance Director indicated at this time, the green residue was a build-up of debris over time. The Maintenance Director indicated the whole pipe might need to be replaced, but he will try to locate cleaner for the pipe first. The Maintenance Director also indicated he was not notified of the missing baseboard, but he indicated he had baseboard in the facility and could easily remedy the missing baseboard.</p> <p>At 11:55 a.m., on 5/19/14, the Maintenance Director was observed replacing the missing baseboard.</p> <p>At 12:15 p.m., on 5/19/14, the Housekeeping Supervisor was observed cleaning the flushing mechanism and she indicated at that time, the cleaner she was using was cleaning off the green residue.</p> <p>2. During an observation of Resident #A's bathroom, on 5/19/14 at 11:10 a.m., green residue was noted all over the extended flushing mechanism of the toilet. The baseboard trim along the bottom of the bathroom wall, near the toilet was pulled away from the wall toward the middle of the wall. The</p>		<p>Executive Director, to ensure timely correction has occurred. Facility staff were educated on new maintenance request forms. Family and resident interviews will occur weekly to determine if any concern exist related to environmental issues. Concerns will be addressed immediately and discussed at daily departmental meetings during regular scheduled working hours.4. The responsible party for this plan of correction is the Executive Director. Results of interviews conducted with family and residents as well as observational round audits will be reviewed at the monthly Performance Improvement meetings for 12 months or until the Performance Improvement committee recommends discontinuation based on continued substantial compliance.</p>		

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	<p>pulled baseboard trim was laying near the toilet. The wall was chipped and paint was missing from where the baseboard was.</p> <p>On 5/19/14, at 11:30 a.m., during a facility tour with the Maintenance Director and the Administrator, the Maintenance Director also noted the missing baseboard trim near the toilet and the green residue on the flushing mechanism of the toilet. The Maintenance Director indicated the same information as above.</p> <p>At 11:55 a.m., on 5/19/14, the Housekeeping Supervisor was noted to be cleaning the toilet.</p> <p>At 12:20 p.m., on 5/19/14, the Maintenance Director was observed replacing the missing baseboard.</p> <p>3.1-19(f)(5)</p>			