STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/17/2011
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN46311	

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F0000	This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00097219 completed on September 30, 2011. Complaint IN00097219: Not corrected. This visit was done in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on September 6, 2011. This visit was done in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN 00097871 and IN00098323 completed on October 20, 2011. This visit was done in conjunction with the Investigation of Complaint IN00099339. Survey dates: November 14, 15, 16, & 17, 2011. Facility number: 000123 Provider number: 155218 AIM number: 100266720 Survey team: Janet Adams, RN, TC Lara Richards, RN	F0000		

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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	November 14, 15, & 16, 2011 Census bed type: SNF/NF: 127 Total: 127 Census payor type: Medicare: 28 Medicaid: 74 Other: 25 Total: 127 Sample: 15 This deficiency reflects state findings in accordance with 410 IAC 16.2. Quality review 11/23/11 by Suzanne Williams, RN			
F0323 SS=D	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review and interview, the facility failed to ensure 3 of 4 residents reviewed for falls in a sample of 15 received adequate supervision to prevent accidents related to proper fitting footwear, mats on the floor and the use of a functioning personal alarm. (Residents #D, #F, and #G) Findings include:	F0323	F 323 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident G was provided proper fitting footwear. Resident F no longer resides in this facility. Resident D no longer resides in this facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be	12/05/2011

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	1. On 11/14/11 at 9:15 p.m., Resident #G was observed in his geri-chair recliner in the hallway. The resident was wearing TED hose (anti-embolytic stockings) and had no shoes and/or slippers on. At 9:20 p.m., the resident was taken to his room. CNA's #1 and #2 transferred the resident to the edge of his bed. While being transferred, the resident's stocking feet were sliding on the floor. On 11/15/11 at 9:50 a.m., 12:05 p.m., 12:55 p.m. and on 11/16/11 at 8:45 a.m., the resident was observed in his geri-chair. The resident did not have shoes nor slippers on his feet. The record for Resident #G was reviewed on 11/15/11 at 10:10 a.m. The resident's diagnoses included, but were not limited to, history of falls and dementia with behavior disturbances. The Fall Risk Assessment dated 10/24/11, indicated the resident scored a "55", a high risk for falls. The plan of care dated 10/25/11, indicated the resident was at risk for falls related to his medical conditions of dementia and Alzheimer's. Documentation indicated the resident had a fall on 10/25/11. One of the interventions listed, indicated staff		taken. Full facility audit of C.N.A. assignment sheets was completed to ensure preventative/assistive devices are current for all involved residents. Issues identified during this audit were immediately resolved. Room rounds conducted to ensure preventative/assistive devices were in place and designated alarms were functional as outlined on the C.N.A. assignment sheet. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. All care staff were re-educated on utilizing the C.N.A. assignment sheets to visually verify that all preventative/assistive devices are in place and functional. Staff were also informed that failure to comply with ensuring care is provided according to the directives outlined on the C.N.A. assignment sheets will result in disciplinary action to include possible termination. In addition to the Unit Managers verifying compliance via direct observation, facility department managers will also validate the placement of preventative/assistive devices as stated on the C.N.A. assignment sheets through random room rounds five times weekly on varied shifts. Central Supply Clerk and/or designee will check placement and functioning of all alarms weekly. How the corrective action(s) will be	

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	were to ensure proper fitting footwear was being used. The initial Minimum Data Set (MDS) Assessment dated 10/31/11, indicated the resident had fallen since admit or prior assessment and had no injury. Interview with the South Unit Manager on 11/16/11 at 3:00 p.m., indicated the resident should have had shoes on or non-skid slipper socks. 2. On 11/14/11 at 8:32 p.m. Resident #F was observed in bed. The bed was in the low position. The bed was up against the wall to the resident's left side. There was no mat on the floor to the resident's right side. CNA #3 walked in to the resident's room at this time and answered the resident's call light. The CNA left the room at 8:33 p.m. The floor mats were not in place when the CNA exited the room. On 11/14/11 at 9:15 p.m. and 9:45 p.m., the resident was observed in bed. No floor mats were observed on the floor next to the resident's bed. No staff members were present in the room at the above times.		monitored to ensure the deficient practice will not recur. PI tool related to the assurance that preventative/assistive devices are in place as ordered will be completed by facility management on all residents 3 times weekly for a month; monthly for a quarter; and then quarterly thereafter to ensure ongoing compliance. Audit findings to be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance. Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.	

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	The record for Resident #F was reviewed on 11/15/11 at 9:30 a.m. The resident was admitted to the facility on 10/4/11. The resident's diagnoses included, but were not limited to, dementia, osteoarthritis, and high blood pressure. A Patient Nursing Evaluation was completed on 10/4/11. A fall risk scale was completed on the evaluation. The fall risk scale indicated the resident had a history of falls and the resident's fall risk score was 55. The scale indicated a resident was at high risk for a score of 45 or higher. A Care Area Assessment completed with the 10/11/11 Minimum Data Set (MDS) admission assessment indicated the resident triggered for fall as she received antidepressant medications and was not steady moving from a seated to a standing position. When interviewed on 11/16/11 at 11:35 a.m., CNA #4 indicated she was assigned to care for Resident #F at this time. The CNA indicated fall interventions for the resident were listed on her assignment sheet. The CNA removed her assignment sheet from her pocket and indicated the resident was to have her bed low and mats on the floor as per the assignment			

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	sheet. When interviewed on 11/16/11 at 3:50 p.m., the facility Nurse Consultant indicated the floor mat should have been in place as ordered. 3. On 11/14/11 at 7:10 p.m., Resident #D was observed sitting in a wheel chair in the hallway. There were steri strips (tape strips applied to close wounds or lacerations) on the resident's left forehead area. Bruising was also noted around the area. The record for Resident#D was reviewed on 11/16/11 at 10:00 a.m. The resident was admitted to the facility on 11/8/11. The resident's diagnoses included, but were not limited to, dementia, high blood pressure, and difficulty walking. Review of the 11/8/11 Patient Nursing Evaluation indicated the resident was admitted to the facility on 11/8/11. A fall risk scale was completed on the evaluation. The resident's risk score was 75. The scale indicated a resident was at high risk for a score of 45 or higher. The 11/9/11 Physical Therapy evaluation indicated the resident had a medical history of dementia and generalized			

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	weakness and had some confusion and was a fall risk. The resident also had difficulty in standing and walking. An Initial Physician Comprehensive Assessment completed by the Physician on 11/10/11 indicated the resident had weakness and difficulty in walking, dementia, and some confusion. Review of the 11/2011 Physician orders indicated an order was written on 11/8/11 for the resident to have a pressure alarm to the bed and floor mats in place. An order was written on 11/9/11 for the resident to have a wheel chair alarm. The 11/2011 Nurses' Notes were reviewed. An entry made on 11/13/11 at 6:50 a.m. indicated the resident was found on the floor with blood coming from the forehead. The entry also indicated the alarm was not sounding and the resident obtained a bruise to the left side of the forehead and the left hand. The Physician was notified and orders were obtained to send the resident to the emergency room at the hospital. Review of the 11/13/11 Post Fall Evaluation indicated the indicated the fall was unwitnessed and the resident was in bed prior to the fall. Mat on floor, low bed, and call bell in place were checked as			

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	interventions in place at the time of the fall. Alarm was not checked as an intervention in place at the time of the fall. Seven members of the Interdisciplinary team signed the Post Fall Evaluation on 11/13/11. The summary of the Interdisciplinary team was to move the resident to a room closer to the Nurses' Station. A Call for Falls form completed related to the resident's 11/13/11 fall was reviewed. The Call for Falls form indicated the resident fell on 11/13/11 at 6:50 a.m. A question on the form was "Were all safety devices in place according to CNA assignment sheet?" Staff wrote "not sounding" as the response to this question. When interviewed on 11/16/11 at 1:45 p.m., the East Unit Nurse Manager indicated the resident had a fall on 11/13/11. The Unit Manager indicated the alarm was not working at the time of the fall. When interviewed on 11/16/11 at 2:07 p.m., the East Unit Nurse Manager indicated alarms come from Central Supply and the Central Supply clerk is responsible for checking alarms when they are issued and per the job description she is to check and change the batteries once month.			

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	When interviewed on 11/16/11 at 2:25 p.m., the Central Supply staff member indicated she supplied the bed alarm to the resident room. She indicated she tested the batteries and the functioning of the alarm when she first set it up for the resident when it was ordered. The Central Supply staff member indicated she worked on the day the resident fell (11/13/11). She indicated when she arrived a Nurse had informed her that the resident's alarm was not working. She indicated she then did check the alarm and noted the battery was not connecting properly. She indicated she repositioned the battery and the unit worked. This deficiency was cited on 9/30/11 and 10/22/11. The facility failed to implement a systemic plan of correction to prevent recurrence. This Federal tag relates to Complaint IN00097219. 3.1-45(a)(2)			