

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155133	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2015
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00186357 and IN00186488.</p> <p>Complaint IN00186357 - Substantiated. Federal/State deficiencies related to the allegations are cited at F465.</p> <p>Complaint IN00186488 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 23 &amp; 24, 2015</p> <p>Facility number : 000058 Provider number: 155133 AIM number: 100283340</p> <p>Census bed type: SNF/NF: 125 Total: 125</p> <p>Census payor type: Medicare: 13 Medicaid: 91 Other: 21 Total: 125</p> <p>Sample: 6</p> <p>This deficiency reflects State findings</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.</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 0465 SS=E Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on December 1, 2015.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON 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 a clean and safe environment for residents related to general bathing areas. This affected 2 of 4 bathing areas. (Central Bathing room, unlabeled bathing room on 300 hall)</p> <p>Findings include:</p> <p>1. During an observation on 11/23/2015 at 12:20 P.M., the Central Bathing room on the 300 hall was unlocked and no staff or residents were inside. Inside there was a stack of used towels on the floor next to a blue chair and two used towels sitting on the blue chair. There was a stack of clean towels and a blanket sitting on a shower chair. On the railing along the walls, there were two bottles of</p>	F 0465	<p>F 465SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>I. Due to noresident identifier, unable to determine who resident #F is.</p> <p>II. Allresidents residing in the facility have the potential to be affected. TheMaintenance Supervisor installed key pad locks to both the Generations UnitShower rooms on 11/23/15. Key pad lockswere ordered for other units on 11/23/15.</p> <p>III. Maintenance Departmentinstalled key pad locks to Generations Unit Shower rooms. The doors will require a 4 digit code toenter the shower room. Staff will assist residents in and out of the showerroom and will not give the</p>	11/25/2015

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	<p>"McKesson Shampoo and Body Wash", which were opened and unlabeled.</p> <p>During an observation on 11/23/2015 at 1:25 P.M., the Central Bathing room on the 300 hall was unlocked and no staff or residents were inside. Inside there were two opened bottles of "McKesson Shampoo and Body Wash" sitting on the railing along the walls. There was a stack of clean towels sitting on a shower chair.</p> <p>2. During an observation on 11/23/2015 at 12:30 P.M., the unlabeled bathing room on the 300 hall was unlocked and no staff were present. Resident #F was observed leaving the bathing room unassisted. Inside, there were four bottles of "McKesson Shampoo and Body Wash" and one bottle of "Tearless Shampoo and Body Wash" sitting on the railing along the walls. There was one bottle of "Hand and Body Lotion" sitting on a bedside table and one can of shaving cream sitting on top of the shampoo dispenser attached to the wall. Under the bedside table there was a trash can with used, soiled gauze inside, trailing over the lip of the can, and piled on the floor. There was a pair of white tennis shoes under the chair next to the bedside table.</p> <p>During an observation on 11/23/2015 at 1:30 P.M., the unlabeled bathing room on</p>		<p>code to the residents. Management staff, including non-nursingmanagement increased rounding on units to ensure there are no bathing suppliesleft in shower rooms. Central Supply Clerk instructed by DNS to decrease theamount of individual body gel/shampoo bottles ordered and to ensure that thewall dispensers have body gel/shampoo available. Body gel/shampoo wall dispensers werelabeled. Locks will be installed onother shower rooms as soon as they arrive. Increased safety checks on shower rooms will occur to ensure that thereare no unsafe or unsanitary items present.</p> <p>IV. The Management staff willmonitor shower rooms, utility rooms and other areas that residents have accessto for potentially unsafe items. TheExecutive Director will ensure the audits are completed and that unsafe itemsare not present. The audits will occur three times daily seven days per week.The results of the audits will be presented to the Performance ImprovementCommittee monthly.</p>	

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	<p>the 300 hall was unlocked and no staff or residents were inside. Inside there were four bottles of "McKesson Shampoo and Body Wash" and one bottle of "Tearless Shampoo and Body Wash" sitting on the railing along the walls. There was one bottle of "Hand and Body Lotion" sitting on a bedside table and one can of shaving cream sitting on top of the shampoo dispenser attached to the wall. Under the bedside table there was a trash can with used, soiled gauze inside, trailing over the lip of the can, and piled on the floor. There was a pair of white tennis shoes under the chair next to the bedside table.</p> <p>During an interview on 11/23/2015 at 2:15 P.M., CNA (Certified Nursing Assistant) #1 indicated bottles of shampoo, body wash, shaving cream, and lotion are not used for more than one resident. The CNA further indicated each resident had their own bottles and those bottles should be labeled. CNA #1 indicated toiletries should not be left in the shower room and neither should patient belongings, such as shoes. The CNA further indicated used linens should be bagged up and taken with the CNA when they leave the room and any extra clean linens should be bagged up as well because they cannot be used for another resident.</p>			

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	<p>During an interview on 11/23/2015 at 2:30 P.M., the DON (Director of Nursing) indicated there was a wall mounted shampoo and body wash dispenser that can be used for all residents, but individual bottles should only be used for one resident. The DON further indicated personal bottles, including shaving cream, should be labeled for the resident and should not be left in the shower room. The DON indicated dirty towels should be bagged and taken to the soiled utility room, not left in the shower room and clean linens should only be put in the shower room directly prior to use, not left for later use.</p> <p>The current facility policy titled, "Accident/Hazard Risk Assessment" and dated 02/28/2014, was provided by the DON at 4:38 P.M. on 11/23/2015 and reviewed at that time. The policy indicated, "...Observe the environment for the presence of potential hazards including...access to chemicals..."</p> <p>This Federal tag relates to complaint IN00186357.</p> <p>3.1-19(f) 3.1-19(g)</p>			