STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155272		01/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE	5226 E 82ND ST INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00187630 and IN00190893. Complaint IN00187630-Substantiated. No deficiencies related to the allegations are cited. Complaint IN00190893- Substantiated. Deficiencies related to the allegations are cited at F225, F226, and F314. Survey dates: January 21, 22, 25, and 26, 2016 Facility number: 000172 Provider number: 155272 AIM number: 100267130 Census bed type: SNF/NF: 90 Total: 90 Census payor type: Medicare: 11 Medicaid: 58 Other: 21 Total: 90 Sample: 5	F 0000	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.	

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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	These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 30576 on January 29, 2016.			
F 0225 SS=D Bldg. 00	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250	

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	The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.			
	Based on record review and interview, the facility failed to ensure an allegation of verbal and psychosocial abuse was reported to the Executive Director in a timely fashion, the allegation was reported to the State Department of Health, and a thorough and complete investigation was done and documented for 2 of 3 residents reviewed for abuse investigation and reporting. (Residents B and C). Findings include: The record of Resident B was reviewed on 1/22/16 at 9:30 A.M. Diagnoses, obtained from the January 2016 Recapitulation of Physician's Orders, included, but were not limited to, a history of cerebral infarct (stroke), paraplegia, hypertension, diabetes mellitus, chronic kidney disease, peripheral vascular disease, a history of prostate cancer, and dementia. The record of Resident C was reviewed on 1/22/16 at 11:00 A.M. Diagnoses,	F 0225	It is the responsibility of the facility to ensure that anallegation of verbal and psychosocial abuse is reported to the ExecutiveDirector in a timely fashion, report the allegation to the State Department ofHealth and complete a thorough investigation of the allegation. Resident B and C no longer reside at the facility All residents have the potential to be affected by the alleged deficient practice. The Complaint/Grievance forms were reviewed and there were no other incidences that would have constituted a reportable allegation to the State Department of Health The Director of Nursing, as well as all staff, have been re-educated on what constitutes any allegation of abuse, to report itimmediately to the Executive Director so the allegation can be thoroughly investigated. The District Director of Clinical Operations will review the Complaints/Grievance forms weekly to ensure that there are not any documented grievances that should have been a reportable allegation to the State Department ofHealth. The	02/16/2016

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	obtained from the January 2016 Recapitulation of Physician's Orders, included, but were not limited to, rheumatoid arthritis, osteoarthritis, coronary artery disease, heart failure, hypertension, peripheral vascular disease, and chronic pain. A "Complaints/Grievances" form dated 12/30/15 and signed by the Executive Director indicated: "Resident Name: (names of Resident B and C; husband and wife, and roommates). Name of Person Reporting: (Family member of residents B and C). Issues: (Family member) one of our CNAs (CNA #1) provided poor cu (customer) service to her parents. Resolution Date: 1/5/16. Resolution or action needed: The CNA (CNA #1) was taken off the schedule until we could do a complete survey. Our survey concluded that the CNA did provide good customer service to (Residents B and C). The CNA has returned to work." A hand written report dated 12/30/15 and headed "12/29/15 Evening Shift" signed by the Director of Nursing (DON) indicated "Due to a concern from the (Residents B and C's family member) the CNA (CNA #1) was removed from the situation at work due to (the family member) confronting the CNA in the		District Director of Clinical Operations will also review all reportable allegations at the time of allegation to ensure it was reported timely to the Executive Director and that the allegation has been investigated thoroughly as well. The facility completes 10 random resident and family interviews monthly that directly ask about abuse and dignity questions. Any concerns noted when these interviews are completed, the Executive Director is immediately notified. The results of the audits by the District Director ofClinical Operations will be presented to the monthly Performance Improvement committee by the Executive Director indefinitely.	

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	facility...(the family member) was on the phone with (Resident C) and felt the CNA was not speaking nicely while delivering care to her parents. (The family member) came to the facility and confronted the CNA and was very loud, aggressive, and threatening. The CNA was visibly upset and crying...This writer was called by (RN #3) and allowed (the family member) to talk to me to deescalate the situation..." The Executive Director was interviewed on 1/25/16 at 11:20 A.M, he indicated he did not report the above incident to the State Agency, as he considered it a matter of customer service, not an allegation of abuse. The DON was interviewed on 1/25/16 at 1:20 P.M., with the Executive Director present. The DON indicated that she did not notify the Executive Director of the events of 12/29/15 involving the family member of Residents B and C. The executive Director indicated he was first aware of the incident on the morning of 12/30/15 when Resident B and C's family member came to his office and expressed her concern over the treatment her parents received from CNA #1 the previous evening. This Federal tag relates to Complaint			

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	IN00190893. 3.1-28(2)(c) 3.1-28(2)(d)			
F 0226 SS=D Bldg. 00	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure facility policy and procedure and Federal and State regulations were followed in reporting and investigating an allegation of verbal and psychosocial abuse. 2 of 3 residents reviewed for abuse investigation and reporting. (Residents B and C). Findings include: The record of Resident B was reviewed on 1/22/16 at 9:30 A.M. Diagnoses, obtained from the January 2016 Recapitulation of Physician's Orders, included, but were not limited to, a history of cerebral infarct (stroke), paraplegia, hypertension, diabetes mellitus, chronic kidney disease, peripheral vascular disease, a history of prostate cancer, and dementia.	F 0226	It is the responsibility of the facility to ensure that anallegation of verbal and psychosocial abuse is reported to the ExecutiveDirector in a timely fashion, report the allegation to the State Department ofHealth and complete a thorough investigation of the allegation. Resident B and C no longer reside at the facility All residents have the potential to be affected by thealleged deficient practice. The Complaint/Grievance forms were reviewed andthere were no other incidences that would have constituted a reportableallegation to the State Department of Health The Director of Nursing, as well as all staff, have beenre-educated on what constitutes any allegation of abuse, to report itimmediately to the Executive Director so the allegation can be thoroughlyinvestigated. The District Director ofClinical Operations will review the	02/16/2016

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	The record of Resident C was reviewed on 1/22/16 at 11:00 A.M. Diagnoses, obtained from the January 2016 Recapitulation of Physician's Orders, included, but were not limited to, rheumatoid arthritis, osteoarthritis, coronary artery disease, heart failure, hypertension, peripheral vascular disease, and chronic pain. A "Complaints/Grievances" form dated 12/30/15 and signed by the Executive Director indicated: "Resident Name: (names of Resident B and C; husband and wife, and roommates). Name of Person Reporting: (Family member of residents B and C). Issues: (Family member) one of our CNAs (CNA #1) provided poor cu (customer) service to her parents. Resolution Date: 1/5/16. Resolution or action needed: The CNA (CNA #1) was taken off the schedule until we could do a complete survey. Our survey concluded that the CNA did provide good customer service to (Residents B and C). The CNA has returned to work." A hand written report dated 12/30/15 and headed "12/29/15 Evening Shift" signed by the Director of Nursing (DON) indicated "Due to a concern from the (Residents B and C's family member) the		Complaints/Grievance forms weekly to ensurethat there are not any documented grievancesthat should have been a reportable allegation to the State Department ofHealth. The District Director ofClinical Operations will also review all reportable allegations at the time ofallegation to ensure it was reported timely to the Executive Director and thatthe allegation has been investigated thoroughly as well. The facility completes 10 random resident andfamily interviews monthly that directly ask about abuse and dignityquestions. Any concerns noted when theseinterviews are completed, the Executive Director is immediately notified. The results of the audits by the District Director ofClinical Operations will be presented to the monthly Performance Improvementcommittee by the Executive Director indefinitely.	

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	CNA (CNA #1) was removed from the situation at work due to (the family member) confronting the CNA in the facility...(the family member) was on the phone with (Resident C) and felt the CNA was not speaking nicely while delivering care to her parents. (The family member) came to the facility and confronted the CNA and was very loud, aggressive, and threatening. The CNA was visibly upset and crying...This writer was called by (RN #3) and allowed (the family member) to talk to me to deescalate the situation..." The Executive Director was interviewed on 1/25/16 at 11:20 A.M. He indicated he did not report the above incident to the State Agency, as he considered it a matter of customer service, not an allegation of abuse. The DON was interviewed on 1/25/16 at 1:20 P.M., with the Executive Director present. The DON indicated that she did not notify the Executive Director of the events of 12/29/15 involving the family member of Residents B and C. The executive Director indicated he was first aware of the incident on the morning of 12/30/15 when Resident B and C's family member came to his office and expressed her concern over the treatment her parents received from CNA #1 the			

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	previous evening. A facility policy dated 07/28/2014 received from the Executive Director on 1/26/16 at 9:30 A.M., titled "Abuse", indicated: "Policy: Verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of patient property are strictly prohibited...All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency)." This Federal tag relates to Complaint IN00190893. 3.1-28(a)			
F 0314 SS=D Bldg. 00	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were			

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	unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on record review and interview, the facility failed to provide necessary services and treatments to ensure a resident who was admitted to the facility without pressure sores did not develop pressure sores while a resident in the facility (Resident B.) 1 resident of 3 reviewed for pressure sores. Findings include: The record of Resident B was reviewed on 1/22/16 at 9:30 A.M. Diagnoses, obtained from the January 2016 Recapitulation of Physician's Orders, included, but were not limited to, a history of cerebral infarct (stroke), paraplegia, hypertension, diabetes mellitus, chronic kidney disease, peripheral vascular disease, a history of prostate cancer, and dementia. An admission Minimum Data Set (M.D.S.) assessment dated 12/15/15 indicated Resident B was cognitively impaired, required extensive staff assistance for bed mobility, required staff assistance for all activities of daily living, and was incontinent of bowel and bladder.	F 0314	It is the responsibility of the facility to provide necessary services and treatments to ensure that a resident who was admitted without a pressure sore will not develop pressure sores while as a resident at the facility. Resident B no longer resides at the facility All residents have the potential to be affected by the alleged deficient practice. All residents were reviewed to ensure that appropriate pressure ulcer prevention interventions have been implemented. The Licensed nursing staff have been educated on how to accurately complete the Braden Scale, identify risk factors and implement interventions to prevent pressure ulcer development. The nurse aide staff have been educated on pressure ulcer prevention and implementation of the interventions to prevent pressure ulcer development. Upon admission, the Unit manager/Designee will review the Braden scale to ensure the assessment is accurate and then ensure that interventions are implemented to prevent pressure ulcers based on the resident's risk factors. The resident's careplan and aide care sheet will be updated accordingly. Care	02/16/2016

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	Care plans for Resident B included, but were not limited to: "Focus: Potential for Skin/tissue integrity Moderate risk r/t (related to) decreased mobility, pvd (peripheral vascular disease), DM (diabetes mellitus). Goal: skin will remain intact thru next review. Interventions: Assess skin weekly and PRN (as needed.) Assist to turn and reposition as needed. Assist with toileting hygiene as needed. Encourage nutritional intake. Use pressure relieving mattress. Date initiated: 12/09/15." An admission nursing evaluation dated 12/08/15 indicated Resident B had a Braden score (used to predict the risk of developing pressure sores) of 17.0, indicating a status of "at risk." Contributing risk factor were noted to include, but were not limited to, limited ability to control body position, friction and shear, requiring staff assistance to move, use of anti psychotic medications, and diagnoses including diabetes mellitus and dementia. Skin evaluation noted a "yes" answer to the question "Is patient's skin normal, supple, and free of open areas?" A weekly skin evaluation dated 12/15/16 indicated a "no" answer to the question "		rounds will be conducted by the unit manager/designee to monitor that the preventive interventions are implemented. The results of the care round audits will be conducted three times a week for a month and then weekly for 3 months and then monthly thereafter. The DNS/designee will audit weekly the new admission charts to ensure the Braden scale assessment is accurate and then ensure that interventions are implemented to prevent pressure ulcers based on the resident's risk factors. The resultsof these audits will reported to the monthly Performance Improvement Committee indefinitely.	

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	Are there any skin conditions, ulcers, or injuries?" A weekly skin evaluation dated 12/22/16 indicated a "no" answer to the question " Are there any skin conditions, ulcers, or injuries?" A weekly pressure ulcer report dated 12/29/15 indicated "Description: Right heel. Is this a new onset pressure ulcer? Yes. Site: Right heel. Type: Pressure. Length: 5 (centimeters). Width: 3. Depth 0.1. Stage: Suspected deep tissue injury. Date of initial observation: 12/29/15. Treatment/Evaluation: Skin prep, cover with ABD (dressing pad) secure with Kerlix. Offload with boots or pillows as resident allows." A second weekly pressure ulcer report, also dated 12/29/15, indicated "Description: Left heel. Is this a new onset pressure ulcer? Yes. Site: Left heel. Type: Pressure. Length: 4 (centimeters). Width: 4.5. Depth 0.0. Stage: N (Unstageable). Date of initial observation: 12/29/15. Treatment/Evaluation: Intact blister. Skin prep, cover with ABD, secure with Kerlix, offload with boots or pillows as resident allows." Physician's orders related to Resident B's			

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	pressure sores to the heels, obtained from an "Order Summary Report" for Resident B dated 1/22/16, indicated: 12/30/15 "Cleanse left heel with NS (normal saline solution) pat dry, skin prep, cover with ABD wrap with kerlix and secure as needed for soiled or displaced." 12/30/15 "Cleanse left heel with NS, pat dry, skin prep, cover with ABD wrap with kerlix and secure every day shift for wound care." 12/30/15 "Cleanse right heel with NS, pat dry, skin prep, cover with ABD wrap with kerlix and secure as needed for soiled or displaced." 12/30/15 "Cleanse right heel with NS, pat dry, skin prep, cover with ABD wrap with kerlix and secure every day shift for wound care." Resident B's physician's orders did not contain any orders for wound care to the heels prior to the orders dated 12/30/15. During an interview on 11/22/16 at 11:45 A.M., with the Executive Director present, the facility's designated Wound Care Nurse indicated Resident B did not have pressure sores to the heels on			

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	admission, that they were first identified on 12/29/15, and that they were identified as having developed in the facility. This Federal tag relates to Complaint IN00190893. 3.1-40(a)(1)			