

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/07/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MEADOWVALE	STREET ADDRESS, CITY, STATE, ZIP CODE 1529 W LANCASTER ST BLUFFTON, IN 46714
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 3, 4, 5, 6, & 7, 2013</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Survey team: Sue Brooker RD TC Julie Call RN Angie Strass RN Virginia Terveer RN</p> <p>Census bed type: SNF/NF: 49 Total: 49</p> <p>Census payor type: Medicare: 3 Medicaid: 40 Other: 6 Total: 49</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 11 by Randy Fry RN.</p>	F000000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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</i></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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F000156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to provide the Notice of Medicare Non-Coverage (a form to notify residents at least 2 days prior to skilled Medicare services ending) in the timeframe required for 3 of 3 residents who received the Notice of Medicare Non-Coverage prior to discharge from skilled Medicare services. (Residents #41, #48 and #65)</p> <p>Findings include:</p> <p>A review of the completed Notice of Medicare Non-Coverage forms for Residents #41, #48 and #65 on 6-5-2013 at 9:00 a.m., indicated Resident #41's skilled therapy services ended on 12-17-2012. The date of the guardian notification documentation was 12-19-2012. Resident #48's skilled therapy services ended on 2-8-2013 with the date of the Representative notification documented on 2-27-2013. Resident #65's skilled therapy services ended on 1-27-2013 with the date of the Power of Attorney (POA) notification documentation on 2-6-2013.</p> <p>An interview with the Business Office</p>	F000156	<p>(1) For residents #41, 48 and 65 Medicare non-coverage notices were provided prior to survey. (2) Business Office Manager will review all residents receiving Medicare in the last 60 days to determine if Medicare non-coverage notice is required. No notices are outstanding. (3) The facility will provide notice to the resident and/or legal representative of Medicare non-coverage at least 2 days prior to skilled Medicare services ending. All notices mailed will be sent certified (return receipt will be requested) and a copy of every notice will be kept in the Business Office Manager's (BOM) file. The BOM has been educated regarding the two day notification timeline. The BOM or designee will review residents' status regarding Medicare last covered days and therapy cuts daily at facility's morning meeting and weekly during Medicare meetings. A log will be used to track residents' status to ensure timely notification of Medicare notification. (4) The log/findings will be presented by BOM monthly at the facility's Performance Improvement Committee for 6 months.</p>	06/21/2013			

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	<p>Manager on 6-5-2013 at 8:58 a.m., indicated the Notice of Medicare Non-Coverage forms were mailed to Resident #48 and Resident #65's Power of Attorney/Representative. She indicated the signature dates were after the Medicare coverage end dates because the forms were mailed. The Business Office Manager indicated Resident #65's POA was notified by phone two days after the Medicare coverage end date of 1-27-2013.</p> <p>Further interview with the Business Office Manager on 6-5-2013 at 1:20 p.m., indicated she documented the date the Notice of Medicare Non-Coverage was mailed to the POA/Representative on a copy of the form and kept the copy in the office. When the original Notice of Non-Coverage was returned signed and dated, she discarded the copy and did not keep any documentation when the form was mailed. The Business Office Manager was unable to provide documentation of Resident #65's Notice of Non-Coverage was mailed to the POA after the telephone notification.</p> <p>An interview with the Business Office Manager on 6-5-2013 at 1:35 p.m., indicated she was not aware of the</p>				

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	<p>timeline for notification of the residents or the POA/Representative for the Notice of Medicare Non-Coverage.</p> <p>An interview with the Business Office Manager on 6-6-2013 at 11:00 a.m., indicated the facility did not have a policy for the Notice of Medicare Non-Coverage.</p> <p>Form instructions for the Notice of Medicare Non-Coverage (Approved 12-31-2011) were obtained from the website cms.gov (Center for Medicare and Medicaid Services) on 6-5-2013 indicated "a Medicare provider or health plan must give an advance, completed copy of the Notice of Medicare Non-Coverage to beneficiaries receiving skilled nursing...services not later than two days before the termination of services...This notice must be validly delivered...If the beneficiary is not able to comprehend the contents of the notice, it must be delivered to and signed by a representative...If the provider is unable to personally deliver a notice of noncoverage to a person acting on behalf of the beneficiary, then the provider should telephone the representative to advise him or her when the beneficiary's services are no longer</p>			

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	<p>covered...The notice is sent to the representative by certified mail with a return receipt requested. The date that someone at the representative's address signs (or refuses to sign) the receipt is the date of receipt. Place a dated copy of the notice in the beneficiary's medical file. When notices are returned by the post office with no indication of a refusal date, then the beneficiary's liability starts on the second working day after the provider's mailing date..."</p> <p>3.1-4(f)(3)</p>				

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F009999	<p>3.1-14 PERSONNEL</p> <p>1. (t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing reading, and recording unless a previously positive reaction can be documented. The results shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:</p> <p>(1) At the time of employment, or within one(1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve(12) months, the baseline tuberculin skin testing should employ</p>	F009999	<p>(1) For C.N.A. #3, Admission's Coordinator, C.N.A. #4 and Activity Assistant #5 all physicals and TB tests were completed prior to survey.</p> <p>(2) Employee files were reviewed for TB testing and employee physicals. None are currently outstanding.</p> <p>(3) Staff Development Coordinator has been educated on timeliness of employee TB testing and physicals.</p> <p>(4) The facility will not permit anyone to start work until Executive Director has signed off that the pre-employment/screening activities has been completed. This includes and is not limited to background checks and TB tests. Executive Director will bring results of review to Performance Improvement Committee monthly X 6 months.</p>	06/21/2013			

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	<p>the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the tuberculin skin test using the Mantoux method was read for newly hired employees prior to the employment start date, the second step Mantoux was done within the 7-21 day timeframe and an employment physical was completed prior to the employment start date for 4 of 10 personnel records reviewed. (CNA #3, Admission Coordinator, CNA #4 and Activity Assistant #5)</p> <p>Findings include:</p> <p>1. During a review of employee records on 6-7-2013 at 10:45 a.m., CNA #3's employee record indicated the CNA started employment on 9-25-2012. The health records indicated CNA #3 received the Step 1, Mantoux TB test (tuberculin skin test) on 9-25-2012 and the test site was read on 9-27-2012 with results of</p>						

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	<p>0 mm (millimeters, a measurement induration (hardening or hardness), 2 days after the employment start date.</p> <p>2. During further review of employee records on 6-7-2013 at 10:46 a.m., the Admission Coordinator's employee record indicated she started employment on 3-27-2013. The health records indicated the Admission Coordinator received the Step 1, Mantoux TB test on 3-25-2013 and the test site was read on 3-28-2013 with results of 0 mm induration, 1 day after the employment start date.</p> <p>3. During additional review of employee records on 6-7-2013 at 10:47 a.m., CNA #4's employee record indicated the CNA started employment on 2-5-2013. The health records indicated CNA #4 received the Step 1, Mantoux TB test on 2-1-2013 and the test site was read on 2-4-2013 with the results of 0 mm induration. The 2nd step, Mantoux TB test was given on 3-11-2013, which was more than 3 weeks after the 1st Step Mantoux was done.</p> <p>4. During a review of employee records on 6-7-2013 at 10:48 a.m., Activity Assistant #5's employee record indicated she started</p>				

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	<p>employment on 8-8-2012 and a physical exam was not completed as of the start date.</p> <p>An interview with the Payroll/Benefits Coordinator on 6-7-2013 at 11:00 a.m., indicated the Activity Assistant #5 did not have a physical exam done prior to or on her first date of employment.</p> <p>An interview with the Staff Development Coordinator (SDC) on 6-7-2013 at 11:02 a.m., indicated new hires had the TB screening done and read prior to working with residents and not necessarily prior to the employment start date. The SDC indicated the 2nd step Mantoux for CNA #4 should have been done 7 - 21 days from the date the 1st step Mantoux was read and she indicated all staff have to have a physical prior to or on their date of hire.</p> <p>A policy, Tuberculosis Exposure Control Plan dated 5-20-2013 was provided by the SDC on 6-7-2013 at 12:13 p.m. One page of the 6 page policy was provided by the SDC and indicated "new employees (within the initial 2 weeks of employment and prior to any workpalce exposure) are screened for symptoms and tested for TB..."</p>						

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	A policy, Nursing Center Employee Orientation dated 8-31-2012 was provided by the SDC on 6-7-2013 at 12:20 p.m. but did not address Mantoux tests or physical exams for new hires. No additional information was provided regarding Mantoux testing protocol or physical exams for new hires for the facility. :			