

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033
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F000000	<p>This visit was for the Investigation of Complaints IN00148244 and IN00150547.</p> <p>Complaint IN00148244 - Substantiated. Federal/State deficiencies related to the allegations are cited at F332.</p> <p>Complaint IN00150547 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 12, &amp; 13 2014</p> <p>Facility Number: 012548 Provider Number: 155790 AIM Number: 201023760</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF: 46 SNF/NF: 30 Total: 76</p> <p>Census Payor Type: Medicare: 42 Medicaid: 16 Other: 18 Total: 76</p>	F000000	<p>This Plan of Correction is the centers'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. The facility respectfully requests a desk review for this plan of correction.</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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F000332 SS=E	<p>Sample: 5 Supplemental sample: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on June 17, 2014.</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation and record review the facility failed to ensure it was free from a medication error rate of 5 % or greater, in that when residents had physician ordered medications, the nursing staff failed to provide the medications timely and as prescribed for 3 of 9 supplemental sampled residents. This deficient practice resulted in an error rate. The total number of errors was "5," and the number of opportunities for error was "26," which resulted in a Medication Error Rate of 19 %. (Residents "F", "G"</p>	F000332	<p>1) Resident F sustained no harm. MD and family were notified of late medication administration. Resident G sustained no harm and MD and family were notified of late medication administration. Resident H sustained no harm and MD and family were notified of late medication administration. The Director of Nursing will individually counsel Licensed Nurse #7.</p> <p>2) The Director of Nursing, or her designee, will conduct individual medication administration skills</p>	06/27/2014			

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	<p>and "H").</p> <p>Finding Include:</p> <p>During the medication administration pass on 06-12-14 the following was observed:</p> <p>Licensed Nurse #7 prepared and dispensed the medications for Resident "F" at 9:40 a.m. The resident had physician orders for Ranitidine (an antiulcer medication) 150 mg (milligrams), and Metformin ( an antidiabetic medication) 500 mg with the including of 4 other medications. A physician order, dated 06-10-14 indicated, "resume Metformin BID [two times a day]." A review of the Medication Administration Record alerted the nurse to dispense the medication to the resident at 7:00 a.m. The medication Ranitidine 150 mg was scheduled to be given to the resident two times a day. A review of the facility "medication administration" schedule indicated "BID" medications were to be dispensed at 8:00 a.m. and 4:00 p.m.</p> <p>Licensed Nurse #7 prepared and dispensed the medications for Resident "H" at 9:25 a.m. The resident had physician orders for Myfortic Tab (an immunosuppressant medication) 360 mg</p>		<p>validation for all the licensed staff to determine and correct medication pass errors.</p> <p>3) The SDC will educate all licensed staff on the Medication Administration policy with emphasis on administering medications within 60 minutes earlier or later than scheduled time of administration.</p> <p>4) The Director of Nursing, or her designee, will monitor through observation, Medication Administration three times weekly for one month, then twice weekly for one month and then once weekly for one month, at least monthly for three months, to assure medications are administered according to physician orders and facility policy and procedure. All findings will be reviewed by the DNS in Monthly PI meeting. The PI committee will determine when 100% compliance is achieved.</p>	

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	<p>by mouth two times a day and Colace (a stool softener) 100 mg 1 by mouth two times a day. These medications were scheduled for 8:00 a.m.</p> <p>Licensed Nurse #7 prepared and dispensed medications to Resident "G" at 9:15 a.m. The medications included Colace 100 mg two times a day and Metoprolol Tartate (a blood pressure medication) 25 mg (give 1/2 tablet - 12.5 mg) by mouth two times a day. The medications were dispensed to the resident late.</p> <p>A review of the facility "Medication Administration Policy," on 06-13-14 at 9:50 a.m., and dated 04-28-10, indicated the following:</p> <p>"Rationale - The nursing staff uses the medication cart systematically to distribute physician ordered medications to residents."</p> <p>"Procedure - 5.) Medications are administered within 60 minutes earlier or later than scheduled time of administration, except for before and after meals, which are based on scheduled meal times unless specified by the prescriber, medications are administered by the center's established medication administration schedule."</p>			

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	<p>A review of the facility "Medication Administration" times on 06-12-14 at 10:00 a.m., indicated if a medication is scheduled for two times a day, the time to administer the medication was 8:00 a.m. and 4:00 p.m.</p> <p>This Federal tag relates to Complaint IN00148244.</p> <p>3.1-48(c)(1)</p>				