

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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F0000	<p>This visit was for Investigation of Complaint IN00105061</p> <p>Complaint #IN00105061-Unsubstantiated due to lack of evidence.</p> <p>Unrelated state deficiency cited.</p> <p>Survey Dates: April 3, 4, 2012</p> <p>Facility Number: 000172 Provider Number: 155722 AIM Number: 100267130</p> <p>Survey Team: Brenda Nunan, RN, TC</p> <p>Census Bed Type SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 22 Medicaid: 72 Other: 26 Total: 120</p> <p>Sample: 5</p> <p>Kindred Transitional Care -Castleton was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the</p>	F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiency, or of any violation of regulation. This provider respectfully requests that the 2567 be considered the Credible Allegation of Compliance and further, respectfully requests a desk review. Thank you.</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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	<p>Investigation of Complaint IN00105061.</p> <p>This State finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 9, 2012 by Bev Faulkner, RN</p>				

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F9999	<p>STATE FINDING</p> <p>3.1-9 PERSONAL PROPERTY</p> <p>(g) The facility must inventory, upon admission and discharge, the personal effects, money, and valuables declared by the resident at the time of admission. It is the resident's responsibility to maintain and update the inventory listing of the resident's personal property.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to inventory upon admission and discharge, the personal effects for 1 of 2 residents reviewed for transfers/discharges (Resident D).</p> <p>Findings include:</p> <p>Resident D's closed record was reviewed on 04/04/2012 at 10:59 a.m.. The record did not include documentation to indicate an admission/discharge inventory was completed.</p> <p>During an interview on 04/04/2012 at 2:35 p.m., Resident D's mother indicated</p>	F9999	<p>I. How Corrective action will be accomplished for those affected: Investigation of Resident D belongings revealed Resident admitted to the facility with only a hospital gown and no personal belongings. APS involved in case upon admission. Personal clothing items obtained for this resident were from facility lost and found. Resident had no visitors during her stay. ED contacted mother and offered reimbursement of alleged lost items with a receipt. II. How corrective action will be accomplished for those residents having potential to be affected: Current active Resident charts audited to determine inventory sheet present and completed. Audit completed on discharged Residents for past 30 days to determine if inventory sheets were completed on discharge. III. What measures will be put in place/systemic changes made to ensure correction: Nursing staff will be re-educated on the importance of completing inventory sheets upon admission and at discharge. During stand up meetings, new admission charts and discharged charts will be audited by IDT for completed inventory sheet. IV. How the facility plans to monitor its performance to make sure that solutions are sustained: The Medical Records Coordinator or</p>	04/21/2012	

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	<p>the facility had not contacted her in regard to obtaining Resident D's personal belongings following her death. The resident's mother indicated the personal belongings included 3 new outfits and 2 pairs of shoes.</p> <p>During an interview on 04/04/2012 at 2:40 p.m., the Executive Director (ED) indicated Resident D's record did not include an admission/discharge inventory.</p> <p>3.1-9(g)</p>		<p>designee will monitor resident record 3 times weekly to determine if inventory sheets have been completed. The data will be reviewed monthly for the next three months then quarterly at a Quality Assurance meeting for compliance. This will be reviewed at the Quality Assurance meeting with subsequent plan of correction developed and implemented as necessary. The Executive Director is responsible for the overall compliance.</p>		