

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155188	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/17/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140
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F000000	<p>This visit was for a the investigation of Complaint #IN00144573.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey. This visit included the investigation of Complaint IN00143888 and IN00143199.</p> <p>Complaint number IN00144573 substantiated. Federal deficiencies related to the allegation are cited at F312.</p> <p>Survey dates: February 11, 12, 13, 14, 17 and 18, 2014</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Survey team: Karina Gates, Generalist TC Courtney Mujic, RN Beth Walsh, RN Tom Stauss, RN</p> <p>Census bed type: SNF/NF: 146 Total: 146</p> <p>Census payor type: Medicare: 22</p>	F000000	<p>March 6, 2014 Indiana State Department of Health2 N. MeridianIndianapolis, IN 46204 RE: Kindred Transitional Care and Rehabilitation-Greenfield Plan of Correction Credible Allegation of Compliance, and Request for DESK REVIEW Dear Kim Rhoades, On February 18th, 2014 a complaint (IN00144573) survey, in conjunction with a Recertification and state Licensure, surveyors from the Indiana State Department of Health completed an inspection at Kindred Transitional Care and Rehabilitation-Greenfield. As a result of the inspection, the surveyors alleged that the Center was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the HCFA-2567L with the Center's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Center of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies. Please also consider this letter and the Plan of Correction to be the Center's credible allegation of compliance. The center will achieve substantial compliance</p>	
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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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F000312 SS=D	<p>Medicaid: 94 Other: 30 Total: 146</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 February 21, 2014.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to ensure a resident was assisted with bathing, at least twice weekly, for 1 of 3</p>	F000312	<p>with the applicable certification requirements on March 20th, 2013. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Center's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with additional evidence of compliance so you may certify that the center is in substantial compliance with the applicable requirements. This letter is also our request for a DESK REVIEW, to verify that the Center achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance. Thank you for your assistance with this matter. Please call me if you have any questions. Sincerely, Monica Jill Pearson, HFAAdministrator(317) 462-3311</p> <p>F 312 483.25(a)(3) ADL Care Provided for Dependent Residents Resident #174 was immediately offered a shower. Resident did not want to take a</p>	03/20/2014			

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	<p>residents reviewed for bathing. (Resident #174)</p> <p>Findings include:</p> <p>The clinical record for Resident #174 was reviewed 2/17/14 at 1:45 p.m. The diagnoses for Resident #174 included, but were not limited to: arterial fibrillation, hypertension, and hyperkalemia. Resident #174 was admitted 1/24/14.</p> <p>During an interview with Resident #174, on 2/12/14 at 1:35 p.m., she indicated she has had only 1 shower since her admission. She also indicated she was not asked if she would like a bed bath/washcloths to wash up at any other time, since that shower. Resident #174 also indicated she would like to have some type of bathing daily, whether its a basin with soapy water and a washcloth or a shower.</p> <p>On 2/17/14, at 10:30 a.m., Resident #174 indicated she received a shower on 2/14/14, but was not asked since then if she would like a bed bath or get cleaned up.</p> <p>The Admission MDS (minimum data set) assessment, dated 1/31/14, indicated Resident #174 had a BIMS</p>		<p>shower at that time, stating that she would wait until the next morning. Resident #174 was again offered a shower the next morning and did not want to take a shower at that time. Resident was then given a shower after therapy per her request. Resident was also offered the choice of having a basin and wash cloth available for bathing between shower days. All residents have the potential to be affected. Shower documentation was reviewed and residents and families interviewed to validate showering and bathing are provided. Nursing will be educated on the Resident's Right to make choices with an emphasis on bathing preferences and ADL care. Nurses have been in serviced to write down which residents on their assignment have showers due during their scheduled shift and to validate with C.N.A. and resident that shower was completed during their shift, and shower sheet was turned in and signed. Unit Managers, DNS or designee are to monitor Nurses and C.N.A.'s daily for compliance. Upon admission or readmission the nurse completing the nursing assessment will interview the resident or family for bathing preferences as part of the initial nursing assessment. The Nursing Managers will follow up with any resident admitted to the facility within 72 hours to validate</p>		

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	<p>(brief interview of mental status) of 15, which indicated no cognitive impairment. The MDS also indicated Resident #174 needed physical help in part of bathing activity with a 1 person physical assist.</p> <p>At 3:00 p.m., on 2/17/14, the Director of Nursing (DoN) indicated Residents were supposed to receive 2 showers/bed baths a week. Shower sheets for Resident #174 were provided at this time.</p> <p>A review of shower sheets for Resident #174 indicated the following: 1/28/14-bed bath 2/7/14-shower 2/14/14-shower.</p> <p>This federal tag relates to Complaint #IN00144573.</p> <p>3.1-38(b)(2)</p>		<p>bathing preferences and coordinate plan of care with the resident's preferences. The IDT will interview residents regarding their bathing preferences during the quarterly and annual care plan meeting. The IDT will complete 40 resident and family interviews quarterly to include resident's choices regarding bathing preferences. All findings from these interviews will be reviewed in monthly PI and the PI committee will determine when 100% compliance is obtained or if further monitoring will continue. Compliance Date: March 20, 2014</p>		