

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 02/02/2016
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00191792.</p> <p>Complaint IN00191792- Substantiated. Federal/state deficiencies related to the allegations are cited at F241.</p> <p>Survey dates: February 1, and 2, 2016</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Census bed type: SNF/NF: 143 Total: 143</p> <p>Census payor type: Medicare: 28 Medicaid: 77 Other: 38 Total: 143</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on February 3, 2016.</p>	F 0000	Preparation and submission of this Plan of Correction does not constitute the admission or agreement by the Provider to the truth of the "findings" alleged or conclusions set forth in the Statement of Deficiencies (CMS 2567). The Plan of Correction is prepared, executed and submitted solely because it is required by the provisions of federal and state law. The Provider formally requests a desk review.	

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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F 0241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review the facility failed to ensure one of three residents was treated with dignity and respect out of three residents reviewed for treatment with dignity in a sample of three. (Resident #Q)</p> <p>Findings include:</p> <p>Resident #Q's record was reviewed 2-2-2016 at 8:54 AM. Resident #Q's diagnoses included, but were not limited to, high blood pressure, diabetes, and heart failure.</p> <p>Resident #Q's Admission Minimum Data Set assessment dated 1-28-2016 indicated Resident #Q scored a 15 out of 15 on the Basic Interview for Mental Status. This indicated Resident #Q was alert and oriented and able to answer questions appropriately.</p> <p>In an interview on 2-1-2016 at 3:50 P.M., Resident #Q indicated CNA #1 had</p>	F 0241	<p>The Facility is committed to providing quality care for all of its Residents, as well as substantial compliance with all regulatory requirements for a Licensed and Certified Skilled Nursing Facility. On January 29, 2016 a Resident (Resident #R) expressed concern to a Housekeeper regarding the way she overheard a Certified Nursing Assistant (CNA #1) was speaking to another Resident (Resident #Q) across the hall the night before. The Housekeeper, per the Facilities Policies and Procedures, immediately made the Executive Director aware of the incident. The Executive Director immediately initiated an investigation and reported the incident to the Indiana State Department of Health (ISDH). The investigation uncovered that Resident #Q is very hearing impaired. Earlier that day, Resident #Q's hearing aid had broken and Resident #Q's Spouse was taking it to be repaired and it would take several days for it to be returned in working order. While various Staff</p>	02/15/2016

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	<p>spoken meanly to her during care on 1-28-2016, when CNA #1 told Resident #Q she should be able to walk to the bathroom instead of using a wheelchair.</p> <p>In an interview on 2-1-2016 at 4:10 P.M., Resident #R (identified as interviewable on the initial tour) indicated on 1-28-2016, she could hear CNA #1 in Resident #Q's room talking meanly to her and in a mean tone of voice.</p> <p>In an interview on 2-2-2016 at 9:32 A.M., RN #2 indicated staff were to be kind and considerate to residents and that rough language or statements made with an attitude were not treating the resident with dignity.</p> <p>This Federal Tag relates to Complaint IN00191792.</p> <p>3.1-3(t)</p>		<p>Members were providing care to Resident #Q they were required to get close to her ear and speak very loudly so that she could understand the communication. Resident #R and Resident #Q were interviewed about the incident with CNA #1. CNA #1 and other Staff Members that were working on that same shift were interviewed as well. All other Residents were interviewed using the Abaqis tool and no concerns were reported. The Executive Director and the Director of Nursing could not substantiate that any willful abuse occurred. However, the Facility was able to confirm that CNA #1 was inappropriate with the way that she verbally interacted with Resident #Q and determined it was an isolated incident. On February 2, 2016, a Complaint Survey was conducted at the Facility by the ISDH. During the complaint survey process, the Surveyor asked about any recent reportable incidents to ISDH, the Executive Director provided the Surveyor with the reportable that was submitted about this incident. I. CNA #1 that was providing care to Resident #Q had already apologized to her for the way that she had spoken to her. CNA #1 was disciplined per the Facilities Policies and Procedures and will be re-educated regarding her customer service skills. II. All Residents have the potential to be affected by the alleged action.</p>		

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			The Facility will use the Abaqis tool to interview at least ten alert and orientated Residents on a monthly basis. Also, Staff will continue to be in-serviced regarding the reporting of any concerns. III. All Staff will have mandatory in-servicing regarding customer service skills and how to verbally interact with Residents. Sign-in sheets for these in-services will be maintained. IV. The Performance Improvement Committee (QA) will monitor the results of the Abaqis interviews and the sign-in sheets for the mandatory staff in-services to ensure compliance.		