

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  06/21/2013
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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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F000000	<p>This visit was for the Investigation of Complaints IN00129389 and IN00130929.</p> <p>Complaint IN00129389 - Substantiated. Federal/state deficiency related to the allegations is cited at F157.</p> <p>Complaint IN00130929 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 19, 20, 21 2013</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 109 Total: 109</p> <p>Census payor type: Medicare: 16 Medicaid: 74 Other: 19 Total: 109</p> <p>Sample: 4</p>	F000000	<p>This Plan of Correction is the centers allegation of compliance.</p> <p>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.</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>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 6/26/13 by Suzanne Williams, RN</p>			
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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure a resident's responsible family member was consulted and/or notified when a physician's order for a</p>	F000157	A. Resident no longer resides within facility.B. Audits were completed to identify any resident that had a diet change within the past 30 days to validate that the diet was correct and family/	07/21/2013			

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	<p>swallowing evaluation was obtained, the evaluation was completed, and the resident's dietary status was changed from regular diet in conjunction with gastrostomy tube feedings to NPO (nothing by mouth). (Resident B). This affected 1 resident of 3 reviewed for family notification in a sample of 3.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 6/19/13 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to, acute cerebrovascular disease, vascular dementia with depression, muscle weakness, dysphagia (difficulty swallowing), and hypertension.</p> <p>Resident B was admitted to the facility on 5/14/13 following a 7 day stay in an acute care hospital. A gastrointestinal medicine consult done 5/08/13 indicated a history of inability to eat, anorexia, weight loss, and malnutrition. The placement of a gastrostomy feeding tube was recommended, which was performed on 5/09/13.</p> <p>A hospital Discharge Report dated 5/14/13 indicated Resident B's diet</p>		<p>responsible parties were correctly notified. Any identified issues were immediately corrected. C. Licensed nurses were educated on the importance of notifying family with change in conditions and order changes. Nursing management will audit the 24 hour report for changes in diet orders 5 days weekly during stand up meetings.D. The unit managers/ Designee will randomly audit 5 days weekly to validate correct diet along with family notifications. Review of these audits will be reported at the monthly PI meeting for 3 months, then monitored quarterly with Systems reviews to determine compliance is maintained.E. D.O.C 7-21-2013</p>				

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	<p>was noted as "regular" with supplemental gastrostomy tube feedings 4 times per day.</p> <p>A facility "Admission Orders Record" dated 5/14/13 indicated:</p> <p>"Diet Order: Regular.</p> <p>Texture: Regular.</p> <p>Liquids: Regular.</p> <p>Other: Tube feeding.</p> <p>May omit diet restrictions..."</p> <p>A "Speech Pathology Evaluation-Dysphagia and Communication" was done and documented on 5/15/13. It included "Swallowing Recommendations Post Eval (evaluation): NPO..."</p> <p>A physician's order dated 5/15/13 indicated "Discontinue PO (by mouth) diet orders (symbol for "and") continue NPO (symbol for "secondary to") dysphagia."</p> <p>During an interview on 5/19/13 at 10:00 a.m. Resident B's POA (Power of Attorney) for health care matters indicated she had not been contacted by the facility prior to the the</p>				

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	<p>swallowing evaluation, had not been advised of the results, had not been advised of the physician's order to change Resident B's diet status to NPO, and had not been consulted prior to the implementation of that order.</p> <p>Resident B's record contained no documentation of notification of Resident B's POA of the swallowing evaluation, results of the evaluation, or the order for and implementation of the NPO diet status.</p> <p>During an interview on 6/20/13 at 9:00 a.m., the Director of Nursing indicated there was no documentation of any communication with Resident B's POA related to the swallowing evaluation or change in dietary status prior to the completion of the evaluation and implementation of the dietary changes.</p> <p>During an interview on 6/20/13 at 1:30 p.m., the Speech Therapist who completed Resident B's evaluation and obtained the order for the NPO diet indicated she had not communicated with Resident B's POA until after the evaluation and the NPO order had been obtained and put into effect.</p>				

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	This federal tag relates to Complaint IN00129389.  3.1-5(a)(3)				