

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155133	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/17/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00191606 and IN00193611.</p> <p>Complaint IN00191606 - Substantiated. Federal/State deficiencies related to the allegations are cited at F354 and F499.</p> <p>Complaint IN00193611 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 15, 16, and 17, 2016</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Census bed type: SNF/NF: 130 Total: 130</p> <p>Census payor type: Medicare: 17 Medicaid: 94 Other: 19 Total: 130</p> <p>Sample: 11</p>	F 0000	<p>This Plan of Correction is the center'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.</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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F 0354 SS=D Bldg. 00	<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 24, 2016</p> <p>483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse served as the Director of Nursing (DON) from September 2014 through December 2015.</p> <p>Findings include:</p> <p>During an interview on 2/15/16 at 2:52</p>	F 0354	<p><b>F354 483.30(b) Waiver – RN 8 HRS 7/DAYS WK, FULL-TIMEDON</b></p> <p><b><u>Correctiveaction taken for residents found to have been affected by the deficientpractice:</u></b> The employee mentioned was terminated on December 17, 2015. No residents were identified as having been affected by this</p>	03/04/2016

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	<p>p.m., the HRP (Human Resources Payroll Administration) indicated LPN #1 provided a copy of a registered nurse license printed from the State Board of Nursing website. The HRP indicated anyone can go to the website and print off a license. The HRP indicated LPN #1 had not changed the name on her nursing license because she did not want that hacked too. The HRP indicated they could have asked LPN #1 for documents related to her license in regards to fraud but did not. The HRP indicated the District Director of Clinical Operations (DDCO) watched LPN #1 go in and change her license address in a last ditch effort to prove she was who she was. The HRP indicated a criminal check was completed on LPN (Licensed Practical Nurse) #1 prior to hire which returned a different social security number. The HRP indicated, when questioned about the different social security number, LPN #1 indicated she had been a victim of identity theft and had to get a new social security number. The HRP stated, "we took her at her word."</p> <p>The web page titled, "Indiana Online Licensing", was reviewed on the Indiana State Board of Nursing website on 2/16/15 at 2:30 p.m. It included, but was not limited to, the following: "...Person</p>		<p>practice. <u>How the Facility identified other residents having the potential to be affected by the same practice:</u> The Staff Development Coordinator audited all licensed and certified staff members identification and verified the identification, license and supporting documentation match. No residents were identified as having been affected by this practice. <u>Measures put in place or systemic changes made to ensure the deficient practice will not recur:</u> Beginning in 2015 the facility started having employee background checks conducted and reviewed by an HR representative in an off-site HR Support services center. The facility Staff Development Coordinator will monitor all licensed staff members to ensure that their license and identification match upon hire and require additional verification if they do not. The SDC or designee will audit letters A – F for week 1, G-M for week 2, N-R for week 3 and S-Z for week 4 for 3 months. Then, a random selection of 15 employees will be audited monthly for 3 months. <u>How the Facility plans to monitor its performance to ensure that solutions are sustained:</u> The QAPI Committee will review the audit findings for issues and/or trends and develop a plan</p>	

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	<p>Information...[LPN #1's name]...License Information...License Type: Licensed Practical Nurse...Issue Date 2/29/2000...Expiration Date: 10/31/2016...License Status: Active...."</p> <p>During a interview on 2/15/16 at 1:28 p.m., the Executive Director (ED) indicated, during the hiring process, interviews and reference checks are completed at the facility and everything else is completed offsite (corporate office), including staff recruiting. The ED indicated she was not with the facility when the Director of Nursing was hired.</p> <p>During an interview on 2/15/16 at 3:05 p.m., the District Director of Clinical Operations (DDCO) of a sister facility indicated, upon hire, employees provide 2 forms of identification. The DDCO indicated she did not have an answer as to why LPN #1's name was different on her nursing license compared to the other forms of identification. The DDCO indicated there was not a policy which required employees to change names on licenses. The DDOC also indicated the Director of Nursing is required to be a registered nurse.</p> <p>During an interview on 2/16/16 at 10:55 a.m., the Regional Vice President (RVP)indicated employees are required</p>		of action as appropriate and willfollow up for 90 days or as needed to verify implementation by the facility in an effort to ensuresubstantial compliance.		

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	<p>to sign a License, Certification and Registration and Other Credential Verification, which serves as verification of who they are and what licenses they have. The RVP also indicated LPN #1 was asked to provide the facility with documents to validate her education and license. The RVP indicated LPN #1 provided some documents prior to termination, but it was not enough.</p> <p>On 2/15/16 at 1:30 p.m., the Executive Director provided a copy of the document titled (company name) Job Description. It included, but was not limited to, the following: "Employee Name: [LPN #1]...Job Title: Director of Nursing...Qualifications...Graduate of accredited school of nursing, BSN [Bachelors of Science in Nursing] or MSN [Masters of Science in Nursing] preferred...Licenses/Certification:...Valid RN license in the state employed...Employee's Signature: [LPN #1]...."</p> <p>This Federal tag relates to Complaint IN00191606</p> <p>3.1-17(b)(4)</p>			

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F 0499 SS=D Bldg. 00	<p>483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS</p> <p>The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>Professional staff must be licensed, certified, or registered in accordance with applicable State laws.</p> <p>Based on interview and record review, the facility failed to ensure, upon hire, the appropriate licensure was in place for the Director of Nursing (DON) from September 2014 through December 2015.</p> <p>Findings include:</p> <p>On 2/15/16 at 1:30 p.m., the Executive Director (ED) provided a copy of the document titled (company name) Job Description. It included, but was not limited to, the following: "Employee Name: [LPN #1] [Licensed Practical Nurse]...Job Title: Director of Nursing...Qualifications...Graduate of accredited school of nursing, BSN [Bachelors of Science in Nursing] or MSN [Masters of Science in Nursing] preferred...Licenses/Certification:...Valid RN license in the state employed...Employee's Signature: [LPN #1]...."</p>	F 0499	<p>F499 483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS</p> <p>-</p> <p><u>Correctiveaction taken for residents found to have been affected by the deficient practice:</u></p> <p>The employee mentioned was terminated on December 17,2015. No residents were identified as having been affected by this practice.</p> <p><u>How theFacility identified other residents having the potential to be affected by the same practice:</u></p> <p>The Staff Development Coordinator audited all licensed and certifiedstaff members identification and verified theidentification, license and supporting documentation match. Noresidents were identified as having been affected by this practice.</p> <p><u>Measures put inplace or systemic changes made to ensure the</u></p>	03/04/2016
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	<p>The document titled, "[corporate name] Performance Improvement Plan", dated 9/2007, was provided by the ED on 2/15/16 at 3:11 p.m. It included, but was not limited to, the following: "Employee name: [LPN #1]...Today's date: 12/15/15 - 10:25 a.m....Date of hire: 9/15/14...Position: DNS...REASON FOR COUNSELING/CORRECTIVE ACTION: AG [Attorney General] investigation regarding valid RN [Registered Nurse] license...Verbal suspension by phone...CORRECTIVE ACTION PLAN: All needed documents to substantiate her education + [and] license...."</p> <p>The document titled, "[corporate name] New Hire Information", was provided by the ED on 2/15/16 3:11 p.m. It included, but was not limited to, the following: "Employee Name: [LPN #1]...Job Title: DNS...Hire Date: 09/15/14...."</p> <p>The Authorization of Background Investigation was provided by the ED on 2/15/16 at 3:11 p.m. It included, but was not limited to, the following: "...Applicant Name [LPN #1]...Date 9/9/14...IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY...Other Names Used [2 names listed]...."</p>		<p><b><u>deficient practice will not recur:</u></b> Beginning in 2015 the facility started having employee background checks conducted and reviewed by an HR representative in an off-site HR Support services center. This includes review of any flag on a social security number. The Staff Development Coordinator will monitor all licensed staff members to ensure that their license and identification match upon hire and require additional verification if they do not. The SDC or designee will audit letters A - F for week 1, G-M for week 2, N-R for week 3 and S-Z for week 4 for 3 months. Then, a random selection of 15 employees will be audited monthly for 3 months.</p> <p><b><u>How the Facility plans to monitor its performance to ensure that solutions are sustained:</u></b> The QAPI Committee will review the audit findings for issues and/or trends and develop a plan of action as appropriate and will follow up for 90 days or as needed to verify implementation by the facility in an effort to ensure substantial compliance.</p>	

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	<p>The Background check for LPN #1 was provided by the ED on 2/15/16 at 3:11 p.m. It included, but was not limited to, the following: "...KROLL...Client Information...Requestor: [HRPA name]...Date 30-Sep-2014...Requested: 08:53:11 AM [a.m.]...Position: DIRECTOR OF NURSING...Subject Information...Other Name: [2 listed]...Professional License Verification Verified...License/Certificate Type: REGISTERED NURSE...Status: ACTIVE...Remarks: THIS VERIFICATION WAS RECEIVED IN WRITING ON 09/30/2014. PLEASE NOTE THAT THE LICENSE WAS FOUND UNDER THE NAME: [License holder]...Social Security Number and Address Locator...Remarks: NOTE: THERE ARE ADDITIONAL NAMES ASSOCIATED WITH THIS SOCIAL SECURITY NUMBER. KROLL RECOMMENDS THAT YOU CONTACT THE INDIVIDUAL TO INVESTIGATE FURTHER...."</p> <p>The background check listed 10 different names associated with the social security number provided by LPN #1.</p> <p>The web page titled, "Indiana Online Licensing", was reviewed on the Indiana State Board of Nursing website on</p>			

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	<p>2/16/15 at 2:30 p.m. It included, but was not limited to, the following: "...Person Information...[LPN #1's name]...License Information...License Type: Licensed Practical Nurse...Issue Date 2/29/2000...Expiration Date: 10/31/2016...License Status: Active...."</p> <p>During a interview on 2/15/16 at 1:28 p.m., the Executive Director (ED) indicated, during the hiring process, interviews and reference checks are completed at the facility and everything else is completed offsite (corporate office), including staff recruiting. The ED indicated she was not with the facility when the Director of Nursing was hired.</p> <p>During an interview on 2/15/16 at 2:52 p.m., the HRP (Human Resources Payroll Administration) indicated a criminal check was completed on LPN (Licensed Practical Nurse) #1 prior to hire which returned a different social security number. The HRP indicated, when questioned about the different social security number, LPN #1 indicated she had been a victim of identity theft and had to get a new social security number. The HRP stated, "we took her at her word." The HRP also indicated LPN #1 provided a copy of a registered nurse license printed from the State Board of Nursing website. The HRP</p>			

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	<p>indicated anyone can to the website and print off a license. The HRP A indicated LPN #1 had not changed the name on her nursing license because she did not want that hacked too. The HRP A indicated they could have asked LPN #1 for documents related to her license in regards to fraud but did not. The HRP A indicated the District Director of Clinical Operations (DDCO) watched LPN #1 go in and change her license address in a last ditch effort to prove she was who she was.</p> <p>During an interview on 2/15/16 at 3:05 p.m., the District Director of Clinical Operations (DDCO) of a sister facility indicated, upon hire, employees provide 2 forms of identification. The DDCO indicated she did not have an answer as to why LPN #1's name was different on her nursing license compared to the other forms of identification. The DDCO indicated there was not a policy which required employees to change names on licenses. The DDOC also indicated the Director of Nursing is required to be a registered nurse.</p> <p>During an interview on 2/16/16 at 10:55 a.m., the Regional Vice President (RVP) indicated employees are required to sign a License, Certification and Registration and Other Credential</p>			

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	<p>Verification, which serves as verification of who they are and what licenses they have. The RVP also indicated LPN #1 was asked to provide the facility with documents to validate her education and license. The RVP indicated LPN #1 provided some documents prior to termination, but it was not enough.</p> <p>This Federal tag relates to Complaint IN00191606</p> <p>3.1-14(s)</p>				