

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00175278 and #IN00175054.</p> <p>Complaint #IN00175278 - Substantiated. Federal/State deficiencies related to the allegations are cited at F250 and F309.</p> <p>Complaint #IN00175054 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Dates: June 16, 17, 18 and 19, 2015.</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicaid: 70 Other: 14 Total: 84</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F 0000	<p>This Plan of Correction is the center's credible 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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F 0250 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on observation, record review and interview, the facility failed to ensure there was a system in place to monitor the behavior resident refusal of care for 1 of 3 residents reviewed for behaviors. (Resident B)</p> <p>Finding includes:</p> <p>On 6/17/15 at 9:00 A.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility on 6/3/11. The diagnoses included, but not limited to, vascular dementia, anxiety, agitation and restlessness, dementia with behavioral disturbances and depressive disorder.</p> <p>On 6/18/15 at 11:10 A.M., an observation was made of Resident B's morning care. Resident B was observed to have an incontinent brief on that was visibly</p>	F 0250	<p>We respectfully request desk review with this citation F 250</p> <p>1. The care plans and interventions for Resident B have been reviewed by the IDT team, and any needed revisions have been made. 2. The IDT team will conduct interviews with staff and residents to determine any potential trends of refusals of care. Residents determined to have refusal of care issues will have the Refusal Log initiated and any needed revisions to care plans and interventions will be made. 3. The Staff Development Coordinator or designee will in-service the staff regarding the need for documenting refusals of care and notification per policy and procedure. Residents determined to have refusal of care behaviors will have appropriate care plans and interventions in place. These care plans and interventions will be reviewed quarterly by the IDT team for effectiveness and</p>	07/18/2015

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	<p>saturated with urine and a sheet with a large yellow stain on it. When the brief was removed the resident had a reddened area that extended all of his scrotum. In the center of the scrotum was a quarter moon shaped open area measuring 3 cm (centimeters) x 1 cm. An interview was conducted with CNA# 6 and CNA#7 conducted at this time. The CNA's indicated Resident B often does not allow them to change his briefs and they sometimes have to reapproach many times before care can be performed or he refuses to let them change him which has resulted in him getting red at times. CNA's indicated nurse's apply a barrier cream to help prevent his skin from breaking down.</p> <p>On 6/18/15 at 11:30 A.M., an interview was conducted with LPN #15. LPN #15 indicated she had conducted a skin assessment on Resident B on 6/17/15 and he was not observed to have an open area or reddened area to his scrotum. She indicated the area was a dark pink color, she further indicated she applied a prescribed barrier cream and the area lightened up. S,he went on to explain that Resident B is at times combative with staff in regards to changing his incontinent brief and that his skin can breakdown very quickly.</p>		<p>appropriateness. 4. The IDT team will complete 3 care plan audits/month of residents having refusals of care to determine the presence of changes in refusal of care. The care plan audit will be completed to ensure proper follow up has taken place. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI Meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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	<p>On 6/18/15 2:30 P.M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated the facility monitors and careplans the behaviors that medications are prescribed for such as aggression, yelling and refusal of care but not specific behaviors such as refusal to allow incontinent briefs to be changed.</p> <p>On 6/18/15 at On 6/19/15 at 9:30 A.M., a behavior monitoring sheet, dated June 2015, and titled "Antipsychotic" indicated, "Behavior Description/Data Collection Document # [number] of episodes per shift of target behavior... Physical aggression: Hitting at staff when providing care.... on 6/17/15 day shift had 2 episodes, evening shift had 2 episodes and night shift had 3 episodes...." Approaches of provide reassurance were documented on night shift as not effective. No approaches or results were documented for day or evening shifts. Approaches listed were to offer a different caregiver and provide reassurance.</p> <p>On 6/19/15 at 10:10 A.M., an interview was conducted with the Social Worker for Resident B. The Social Worker indicated Resident B's behaviors can be spiratic during the day. He could be in a doorway angry or not allowing care. He</p>			

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	<p>further indicated his behavior care plan reflects his verbal and physical aggression but it does not reflect Resident B's refusal to allow briefs to be changed. The Social Worker indicated he did not monitor specific behaviors such as refusal to allow incontinent brief to be changed on the monitoring sheets. He indicated his rationale is that he does not view refusal to allow incontinent briefs to be changed a behavior but rather as a resident right and if it does occur he would expect the nursing department to monitor it and careplan it.</p> <p>On 6/19/15 at 11:40 A.M., an interview was conducted with the Care Plan Coordinator. The Care Plan Coordinator indicated that behaviors or refusals of care had been monitored on the behavioral monitoring sheet but specific refusals of care such as refusal to allow incontinent brief to be changed had not been care planned or monitored daily.</p> <p>On 6/19/15 at 1:30 P.M., the Director of Nurses indicated the facility did not have a policy regarding the monitoring of behaviors.</p> <p>This Federal tag relates to Complaint #IN00175278.</p> <p>3.1-34(a)</p>			

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F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure there were interventions to address the use of a Jackson Pruitt drain for 1 of 7 residents reviewed for careplans. (Resident C)</p> <p>Finding includes:</p> <p>The clinical record for Resident C was reviewed on 6/18/15 at 10:00 A.M. Resident C was admitted to the facility, on 12/19/14, with diagnoses, including but not limited to, diabetes mellitis, stage 4 chronic kidney disease, hypothyroid and hypertension.</p>	F 0309	<p>We respectfully request desk review for this citation F 309 1. The resident C is deceased and no longer residing at the facility. 2. The IDT team will conduct an audit on all resident's care plans. Residents determined to have any missing care plan will be reviewed and any needed revisions to care plans and interventions will be made. 3. The Staff Development Coordinator or designee will in-service the IDT team on the policy and procedure for "Comprehensive Plan of Care." 4. The IDT team will complete a care plan audit at 14 days post admission,</p>	07/18/2015

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	<p>A physician's order, dated 5-5-15, indicated, "...Jackson Pruit drain left buttocks-keep drain bulb to suction (abscess to pelvis)...Empty every shift and prn [as needed]- fistula between bladder and colon...."</p> <p>A review of Resident B's care plans lacked a care plan that identified risks, goals and interventions for monitoring associated with the use of a Jackson Pruit drain.</p> <p>A interview was conducted with the Care Plan Coordinator on 6/19/15 at 11:40 A.M. The Care Plan Coordinator indicated she did not initiate a plan of care with interventions for the use of the Jackson Pruit drain.</p> <p>On 6/19/15 at 12:30 P.M., a current policy, provided by the Director of Nurses and titled, "Comprehensive Plan of Care " was reviewed. The policy, dated 1-7-12, indicated "... Policy... A comprehensive care plan is developed consistent with the patients' specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the patient's needs as identified in the patient's assessment or as identified in</p>		<p>readmission, with significant change of condition and quarterly per the RAI schedule to determinethe presence of all necessary care plans. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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	<p>relation to the patient's response to the interventions or changes in the patient's condition...4. The care plan: a. addresses the patient's needs, strengths, and preferences identified in the comprehensive assessment...b. Addresses risk factors that might lead to avoidable declines in functioning or functional levels...c. Reflects current professional practice standards; and...d. have treatment objectives with measurable outcomes that are prioritized, if necessary, and used to monitor patient progress...."</p> <p>This Federal tag relates to Complaint # IN00175278.</p> <p>3.1-37(a)</p>			