

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155657	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/12/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-HARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 150 BEECHMONT DR CORYDON, IN 47112
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F000000	<p>INITIAL COMMENTS:</p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 8, 9, 10, 11 and 12, 2014</p> <p>Facility number: 010597</p> <p>Provider number: 155657</p> <p>AIM number: 200204440</p> <p>Survey team: Trudy Lytle, RN-TC Joshua Emily, RN Gwen Pumphrey, RN Gloria Reisert, MSW (09/08, 09/09 and 09/10, 2014) Jennifer Sartell, RN</p> <p>Census bed type: SNF: 0 NF: 0 SNF/NF: 82 Total: 82</p> <p>Census payor type: Medicare: 15 Medicaid: 45 Other: 22 Total: 82</p>	F000000	<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> <p>Attached you will find the completed Plan of Correction and attachments for the recertification and state licensure and complaint survey dated September 12, 2014. We respectfully request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (812) 738-0550.</p> <p>Sincerely, Aaron Clarke, Executive Director</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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F000315 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 17, 2014 by Randy Fry RN.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents had a proper diagnosis for indwelling urinary catheters for 2 of 10 residents reviewed for indwelling urinary catheters. (Resident # 36 and Resident # 175)</p> <p>Findings include:</p> <p>1. On 9/10/14 at 8:40 a.m., Resident #36 was observed to be in the bed with a</p>	F000315	<p>1. Resident #36 diagnosis for indwelling catheter use has been clarified by the primary physician meeting justification requirements. Resident #36 plan of care and assessments have been updated reflecting appropriate diagnosis. Resident # 175 has expired.</p> <p>2. All residents with an indwelling catheter have the potential to be affected. All current residents with an indwelling catheter have been reviewed to ensure there is appropriate diagnosis/justification for indwelling catheter use; plan</p>	10/10/2014

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	<p>Foley catheter.</p> <p>On 9/12/14 at 9:30 a.m., Resident #36's clinical record was reviewed. Resident #36 had diagnose's including but not limited to, cancer, congestive heart failure, gout, and high blood pressure.</p> <p>The physicians order indicated the following:</p> <p>05/15/14 and untimed-20 fr[french]/30 ml[milliliters] Foley cath [catheter] secondary to skin breakdown.</p> <p>10/09/13 and untimed-no briefs</p> <p>10/09/13 and untimed-Foley catheter care every shift</p> <p>11/24/13 and untimed-change Foley catheter on the 24th of every month.</p> <p>A care plan for the Foley catheter was reviewed. The care plan lacked documentation of the necessity for a Foley catheter.</p> <p>The clinical record lacked a documented assessment of the need for a Foley catheter.</p> <p>In an interview on 9/8/14 at 3:19 p.m., LPN #5 indicated Resident #36 had a</p>		<p>of care and physician's order accuracy.</p> <p>3. The SDC/designee will educate Licensed Nurses regarding the need for determination of the cause and/or medical justification that requires the resident to need an indwelling catheter; seeking discontinuation of the indwelling catheter if medical necessity/justification is not met.</p> <p>4. An Indwelling catheter audit will be completed by the DNS or designee on each resident with an indwelling catheter three times weekly for 30 days, then once weekly for 30 days, then bi-weekly as an ongoing process. The DNS/designee will review results of the audit at the monthly Performance Improvement (PI) committee-meeting for at least 3 months or until the PI committee determines 100% compliance.</p> <p>5. The DNS is responsible for compliance.</p>		

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	<p>Foley catheter for skin breakdown.</p> <p>During an observation of catheter care on 9/12/14 at 9:55 a.m., the Assistant Director of Nursing (ADON) was asked the reason for Resident #36's indwelling Foley catheter. The ADON stated, "...I will have to look and see." The ADON did not provide any further information.</p> <p>On 9/12/14 at 10:56 a.m., the Director of Nursing (DON) was interviewed. The DON indicated,... "We generally don't have any Foley catheters unless the resident has a predominant skin issue or a post void residual indicating urinary retention. We generally try to do a straight catheter method. Resident #36 has had some skin issues. The resident's primary doctor ordered the catheter as a preventative measure..."</p> <p>On 9/12/14 at 11:27 a.m., the DON indicated the primary doctor was contacted. The DON indicated,... "Per [named physician] Resident #36's true diagnosis was chronic active radiation dermatitis and radiation proctitis which irritates the urethra and causes pain. [Resident #36] was admitted with it [Foley catheter]. Normally when a resident is admitted with a Foley catheter the nurse is expected to complete a justification assessment..."</p>			

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	<p>The policy titled, "Indwelling Catheters" was provided by the DON on 9/10/14 at 2:47 p.m. The policy stated, ..."Indwelling catheters are inserted only if they are medically justified....1. a. To assist in healing of open stage III or Stage IV sacral wounds subject to contamination in incontinent patients..."</p> <p>2. On 09/08/14 at 3:00 p.m., upon interview with LPN # 2, she indicated the diagnosis and reason for the indwelling Foley catheter for Resident # 175 was immobility and necrotic bladder.</p> <p>The record review of the medical diagnose's on 09/09/14 at 3:15 p.m., indicated Resident # 175 had pneumonia, malaise, fatigue, chronic kidney disease, anemia of other chronic disease, diabetes without type II/unstable not stated uncontrolled, unspecified hyperlipidemia, chronic airway obstruction, unspecified constipation, anxiety state, glaucoma stage, and unspecified osteoarthritis.</p> <p>On 09/09/14 at 3:29 p.m., Resident #175's room was observed with a bedside commode with arm rests on both side, in the center of her room, by her bed. The resident's restroom had a raised toilet seat with arm rests on both sides.</p>			

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	<p>On 09/09/14 at 3:36 p.m., Resident # 175 indicated she had her indwelling urinary catheter because of her inability to walk. She further indicated the catheter was inserted at the hospital 3 weeks ago and she has had it since then, and requested to have a bedside commode to be placed near her bed for bowel movements because she couldn't make it to the bathroom.</p> <p>On 09/10/14 at 8:56 a.m., the record review of the Admission Orders indicated a physician's order written on 09/04/14 for indwelling urinary catheter care every shift, and to change the Foley catheter to a 16 French/10 ml once monthly and as needed. A physician's order was written on 09/04/14 for a bedside commode.</p> <p>On 09/10/14 at 2:30 p.m., the care plan indicated catheter care was to be done every shift by the LPN/RN. Change the catheter per policy/physician order. Change drainage bag per policy. Follow up with Nephrologist as ordered (in 1 week). Keep drainage bag below level of bladder and maintain in privacy bag. Monitor labs as ordered and report results to physician.</p> <p>On 09/10/14 at 2:40 p.m., the DoN (Director of Nursing) indicated the indwelling urinary catheter was about to</p>						

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	<p>be discontinued. She also indicated the resident will be visiting her nephrologist on Friday 09/12/14 and the care plan should be on the computer.</p> <p>On 09/10/14 at 2:47 p.m., the DoN provided the Indwelling Catheters Policy indicating "An indwelling catheter is used only when a patient's clinical condition demonstrates that catheterization is necessary. Care and treatment are provided to help the patient restore his/her highest level of normal bladder function as possible and to reduce catheter associated complications such as a urinary tract infection." The rationale indicated "Indwelling catheters are inserted only if they are medically justified.... If an indwelling catheter is medically justified and inserted, interventions should be in place to reduce the likelihood of an infection." The Components indicated "Indwelling urethral catheters are used only with appropriate indication such as, but not limited to "Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures), conditions causing intractable pain." The "Criteria for discontinuation of indwelling urinary catheter when the patient: No longer meets the criteria. No longer has a physician's order to maintain</p>			

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F000328 SS=D	<p>the indwelling catheter. Expresses no trouble voiding before catheter was placed. An indwelling catheter for which continuing use is not medically justified is discontinued as soon as clinically warranted and changed based on the patient's individualized assessment." The "Infection control is followed in the care of indwelling catheters. Guidelines to prevent Catheter Associated Infections (CAUTI) include but may not be limited to: Indwelling catheters are used only when medically necessary. Indwelling catheters are discontinued as soon as possible when no longer needed/justified. Sterile, closed drainage system is maintained. Good hygiene is maintained at the catheter-urethral interface: Cleaned daily with soap and water. The care plan reflects: Attempts to remove the indwelling catheter. Intervention to reduce or prevent urinary tract infections. Attempts to restore or improve bladder function after the indwelling catheter, evidence of appropriate indications that support the use of or requires an indwelling catheter."</p> <p>3.1-41(a)(2)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services:</p>			

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	<p>Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to accurately monitor a resident and follow facility procedure while administering a scheduled breathing treatment. This deficient practice affected 1 of 16 residents receiving routine breathing treatments. (Resident #90)</p> <p>Findings include:</p> <p>On 9/10/14 at 5:58 a.m., during a medication administration observation, LPN (Licensed Practical Nurse) #4 entered Resident #90's room to administer his breathing treatment. She listened to his lung sounds for 10 seconds, placed the breathing treatment solution in the nebulizer cup and placed the mask on resident #90. She did not check respiratory rate or heart rate. After turning on the breathing treatment machine, LPN #4 left the room.</p> <p>On 9/10/14 at 6:08 a.m., LPN #4 re-entered Resident #90's room. She indicated the treatment was not finished</p>	F000328	<p>1. Resident #90 has had a Medication Administration Record (MAR) detailing pre and post lung sounds, heart rate, and respiratory rate initiated and will be monitored by the Licensed Nurse throughout nebulizer therapy.</p> <p>2. All residents receiving nebulizer therapy have the potential to be affected. All current residents receiving nebulizer therapy have had a Medication Administration Record (MAR) detailing pre and post lung sounds, heart rate, and respiratory rate initiated and will be monitored by the Licensed Nurse throughout nebulizer therapy.</p> <p>3. The SDC/designee will educate Licensed Nurses regarding appropriate administration on nebulizer therapy and monitoring of the resident during nebulizer therapy. All Licensed Nurses will satisfactorily complete the nebulizer therapy administration competency.</p> <p>4. A Medication Administration Record (MAR) detailing pre and post lung sounds, heart rate, and respiratory rate for those receiving nebulizer therapy has</p>	10/10/2014	

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	<p>since there was still solution in the nebulizer cup.</p> <p>On 9/10/14 at 6:16 a.m., LPN #4 re-entered Resident #90's room. She removed the breathing treatment mask and placed it in a bag. She listened to Resident #90's lung sounds for 8 seconds. She did not check respiratory rate or heart rate.</p> <p>During an interview on 9/10/14 at 6:18 a.m., LPN #4 indicated the procedure for breathing treatments was to listen to lung sounds before and after the treatment and monitor for cough or anything else that may go wrong.</p> <p>On 9/10/14 at 10:30 a.m., the Director of Nursing provided a copy of the Policy and Procedure titled "Nebulizer Therapy". It included, but was not limited to the following: "Rationale A nebulizer in an aerosol generator...Contraindications...Equipment /Supplies...Responsible Disciplines... Licensed Nurses...Procedure...8. Assess patient's breath sounds, respiratory rate, and heart rate prior to initiating therapy...14. Nebulize the solution for approximately 10 minutes or until all of the medication is gone (you will hear a sputtering sound)...16. Rinse the nebulizer cup after treatment with sterile</p>		<p>been initiated. The DNS/designee will audit the MAR for completion seven times weekly for 30 days, then five times weekly for 30 days, then once weekly for 30 days. A nebulizer therapy administration competency will be completed three times weekly for 30 days, then once weekly for 30 days. The DNS/designee will review results of the audit at the monthly Performance Improvement (PI) committee-meeting for at least 3 months or until the PI committee determines 100% compliance. 5. The DNS is responsible for compliance.</p>		

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F000412 SS=D	<p>or distilled water and allow it to air dry on a paper towel in a safe place. 17. Reassemble and store in a treatment bag when dry...19. Assess therapy for efficacy noting breath sounds, respiratory rate and heart rate post treatment...."</p> <p>3.1-47(a)(6)</p> <p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received routine dental services. This deficient practice affected 2 of 3 residents reviewed for dental services. (Resident #1 and #131).</p> <p>Findings include:</p> <p>1. On 9/10/14 at 8:40 a.m., Resident #1 was observed alert in bed. Resident #1 was observed to have several missing teeth.</p>	F000412	<p>1. Resident #1 and resident #131 were evaluated by the dentist on 09/12/2014.</p> <p>2. All current residents have the potential to be affected. An audit was completed to identify any resident in need of dentistry services. Residents in need of dentistry services were evaluated 09/12/2014.</p> <p>3. The SDC/designee will educate the Ward Clerk and SSD regarding routine and emergency dental services.</p> <p>4. A service tracking form has been created detailing ancillary services received and upcoming,</p>	10/10/2014			

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	<p>On 9/10/14 at 9:17 a.m., Resident #1's clinical record was reviewed. Resident #1 had diagnoses including but not limited to, depression, high blood pressure, and aphasia (difficulty in speaking). Resident #1 received enteral nutrition support for all hydration and nutritional requirements.</p> <p>An admission physician order indicated refer to dentist as needed.</p> <p>The care plan was reviewed. The care plan lacked documentation of Resident #1's dental needs or refusal of dental services.</p> <p>The dentist progress note dated 6/4/13 indicated, "pt [patient] adamant to prevent exam; unable to treat. Reschedule in 360 days"</p> <p>The clinical record lacked documentation of Resident #1 receiving dental services.</p> <p>In an interview on 9/10/14 at 3:11 p.m., Employee #1 indicated the dentist contacts the facility with a list of residents scheduled to be seen. Employee #1 indicated, if a resident refuses to be seen the nurse will attempt to get them to cooperate, if not the dentist will reschedule the resident for the next visit. The dentist usually comes about</p>		<p>resident preference for on-site or external services, consent or refusal of such services, and plan of care changes addressed. The Ward Clerk will maintain and update the tracking form as applicable and with each new admission. The SSD will maintain access to this form as a second resource. The ED/designee will review the tracking form weekly for 30 days, then bi-weekly for 30 days, then monthly as an ongoing process. The ED will review the tracking form at the monthly Performance Improvement (PI) committee-meeting for at least 3 months or until the PI committee determines 100% compliance. 5. The ED is responsible for compliance.</p>	

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	<p>every 3 months.</p> <p>Employee #1 confirmed the dentist attempted to see Resident #1 on 6/4/13 and the resident had not been on a list to be seen since then.</p> <p>A list of the residents who had received dental services was requested but not provided by the facility.</p> <p>2. On 9/8/14 at 2:36 p.m., Resident #131 was observed to have missing teeth. Resident #131 indicated she has a tooth that "has either chipped or had a filling to fall out." Resident #131 indicated she was seeing a personal dentist but preferred to be seen by someone else.</p> <p>On 9/10/14 at 9:17 a.m., Resident #131's clinical record was reviewed. The resident had diagnoses including but not limited to, high blood pressure, anemia, and COPD.</p> <p>The care plan was reviewed. The care plan lacked documentation of Resident #131's dental needs or refusal of dental services.</p> <p>The clinical record lacked documentation of Resident #131 receiving dental services.</p>						

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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-HARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 150 BEECHMONT DR CORYDON, IN 47112
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	<p>In an interview on 9/10/14 at 3:11 p.m., Employee #1 indicated the dentist contacts the facility with a list of residents scheduled to be seen. Employee #1 indicated the dentist usually comes about every 3 months. Employee #1 indicated the resident has not been seen by the dentist.</p> <p>On 9/10/14 3:35 p.m. Employee #1 indicated, Resident #131 was interviewed and indicated three weeks ago the resident was insulted by her personal dentist. The resident indicated she would like to be seen by the facility dentist.</p> <p>On 9/12/14 at 7:56 a.m., the Administrator indicated the dentist was in the facility last week.</p> <p>A list of the residents who had received dental services was requested but not provided by the facility.</p> <p>A copy of the policy titled, "Dental Services" was provided by the Director of Nursing on 9/10/14 at 3:52 p.m. The policy stated...patients are assisted with obtaining routine dental services and 24-hour emergency dental services."</p> <p>3.1-24 (a)(1)</p>			

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, interview, and record review, the facility failed to accurately document skin assessments for a resident with non pressure related skin conditions. This deficient practice affected 1 of 5 residents reviewed for skin assessments. (Resident # 176)</p> <p>Findings include:</p> <p>On 9/08/2014 at 12:11 p.m., Resident #176 was observed to have purple discoloration of the skin on the left antecubital (bend of the elbow) area and left and right arms.</p> <p>On 9/9/14 at 9:00 a.m., Resident #176 was observed to have the following purple discolorations: one on the back of the left hand, one on left antecubital</p>	F000514	<p>1. Resident #176 was assessed for impaired skin integrity, findings were documented in the medical record, and plan of care was updated. Resident #176 has since discharged from the facility.</p> <p>2. All current residents have the potential to be affected. All current residents were assessed for impaired skin integrity and the medical record and plan of care updated as applicable.</p> <p>3. The SDC/designee will educate Licensed Nurses regarding completion and accuracy of the medical record; specifically, thorough assessment and documentation of skin integrity on the newly admitted resident.</p> <p>4. The DNS/designee will audit scheduled weekly skin assessments for completion and accuracy in adjunct with resident observation five times weekly for</p>	10/10/2014			

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	<p>(bend of the elbow) area, eight on the left arm, six on the right arm, and one covering the back of the right hand.</p> <p>On 9/11/14 at 1:00 p.m., Resident #176 indicated most of the bruises on his arms were present at the time he was admitted to the facility, and the bruise on the back of his right hand was acquired at the hospital. The resident's family member was present at this time and confirmed bruises were present on Resident #176 at the time he was admitted to the facility.</p> <p>On 9/11/14 at 1:44 p.m., LPN (Licensed practical nurse) #3 indicated skin assessments included checking skin from head to toe and indicated that skin conditions included pressure ulcers of any kind, blisters, bruising, and reddened areas.</p> <p>On 9/11/14 at 1:50 p.m., Resident #176's clinical record was reviewed. The weekly skin assessments dated 9/3/14 and 9/10/14 indicated Resident #176 had no present or past skin issues. LPN #3 was present at the time of record review and confirmed the skin assessments indicated no new or old skin issues including, but not limited to bruises, had been documented on the skin assessments dated 9/3/14 and 9/10/14.</p>		<p>30 days, then three times weekly for 30 days, then once weekly for 30 days. The DNS/designee will review results of the audit at the monthly Performance Improvement (PI) committee-meeting for at least 3 months or until the PI committee determines 100% compliance.</p> <p>5. The DNS is responsible for compliance.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	3.1-50(a)(2)				