

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 07/16/2013
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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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F000000	<p>This visit was for the Investigation of Complaint IN00128439, Complaint IN00129175 and Complaint IN00129419</p> <p>Complaint IN00128439 - Substantiated. Federal/State deficiencies related to the allegations are cited at F244.</p> <p>Complaint IN00129175 - Substantiated. Federal/State deficiencies related to the allegations are cited at F514..</p> <p>Complaint IN00129419 - Substantiated. Federal/State deficiencies related to the allegations are cited at F244 and F362</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: July 15 and 16, 2013</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Survey team: Shelley Reed RN, TC</p> <p>Census bed type: SNF/NF: 102</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>	

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>Total: 102</p> <p>Census payor type: Medicare: 10 Medicaid: 70 Other: 22 Total: 102</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on July 19, 2013, by Brenda Meredith, R.N.</p>			

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to follow a resident's preference in when to receive wound vac dressing care for 1 of 5 residents interviewed in regards to making choices. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident (D) was reviewed on 7/15/13 at 11:45 a.m.</p> <p>Diagnoses for Resident (D) included, but were not limited to, paraplegia, spina bifida, diabetes mellitus, hypertension and morbid obesity.</p> <p>During an interview on 7/15/13 at 11:30 a.m., Resident (D) indicated he received care for his wound vac at 1:00 a.m. He indicated he also received catheterization every 6 hours and also as needed, so he was woke up often at night. He indicated he had refused care during that time of</p>	F000242	<p>1.The scheduled time for wound vac dressing care for Resident D is now moved to a time of day more acceptable for the resident. The care plan has been updated with the preference.</p> <p>2.An audit of current residents of the facility for any other concerns about scheduled times for treatments has been completed and any needed adjustments to schedule have been made. Care plans have been updated with the preferences.</p> <p>3.Licensed nursing staff of the facility have been in-serviced on the policy and procedure for resident rights, especially pertaining to "the right to choose activities, schedules, and health care consistent with his/her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his/her life in the facility that are significant to the resident." The Director of Nursing Services or</p>	08/12/2013			

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	<p>night so he could get some sleep, but continued to receive care around 1:00 a.m. He indicated he had mentioned to staff not to have his dressing changed during the night.</p> <p>The Minimum Data Set assessment indicated Resident (D) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>Review of a current Medication Administration Record (MAR) dated 6/6/13-6/30/13, included an order for wound vac dressing change to right ischium on Monday, Wednesday and Friday from 10 p.m. to 6 a.m. On 6/24/13 and 6/31/13, no documentation related to wound vac dressing change was identified with staff documentation. Review of the MAR for 7/1/13-7/31/13, indicated on 7/8/13, no documentation related to wound vac dressing change was identified with staff documentation. On 7/15/13 at 1:00 a.m., the MAR indicated Resident (D) refused to have to have the dressing changed, indicating he would like it changed during the day.</p> <p>During an interview on 7/15/13 at 3:45 p.m., the DoN indicated she had</p>		<p>designee will conduct a random weekly interview of 5 residents of the MAR/TAR to ensure treatments are being scheduled at appropriate times of the day per Resident preferences.</p> <p>4. The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p> <p>We respectfully request desk review for paper compliance for this citation.</p>		

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	<p>spoken to Resident (D). She indicated he agreed to have his dressing changed at 10:00 p.m.</p> <p>Review of the current facility policy, revised 4/28/09, provided by the DoN on 7/15/13 at 2:00 p.m., titled "Resident Rights" included, but was not limited to, the following:</p> <p>"Compliance Guidelines</p> <p>1. Resident Rights include the resident's right to:</p> <p style="padding-left: 20px;">a. Exercise his or her rights;</p> <p style="padding-left: 20px;">e. Participate in decisions and care planning;"</p> <p>3.1-3(u)(1)</p>			

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F000244 SS=E	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. Based on record review and interview, the facility failed to acknowledge grievances made by residents in resident council meetings and failed to actively attempt to resolve the grievance. This deficiency affected 4 of 4 residents interviewed about staffing. (Resident B, D, E and G)</p> <p>Findings include:</p> <p>During an interview on 7/15/13 at 9:45 a.m., Resident (B) indicated she had to wait prolonged periods of time for call lights to be answered. She indicated the long call lights and short staff issues had been brought up during the resident council meetings without any resolution. She indicated she attended the monthly resident council meetings.</p> <p>The clinical record for Resident (B) was reviewed on 7/15/13 at 10:00 a.m. The Minimum Data Set assessment indicated Resident (B)</p>	F000244	<p>1.The grievances for Residents B, D, E and G have all been addressed.</p> <p>2.An audit of all concerns arising from Resident Council minutes since January 2013 has been completed and all concerns have been addressed.</p> <p>3.The Activity Director has received 1:1 in-service regarding the policy and procedure for recording Resident Council minutes, as well as documenting and processing documentation of any grievances noted from the meeting. The Administrator or designee will review the resident council minutes monthly, as well as all documentation related to resident council grievances and follow up to ensure concerns are being addressed.</p> <p>4.The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall</p>	08/12/2013	

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	<p>scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>During an interview on 7/15/13 at 11:30 a.m., Resident (D) indicated it took several minutes before call lights were answered. He indicated the facility needed more staff and it seemed to be worse at night for long call light times.</p> <p>The clinical record for Resident (D) was reviewed on 7/15/13 at 11:45 a.m. The Minimum Data Set assessment indicated Resident (D) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>During an interview on 7/15/13 at 1:50 p.m., Resident (E) indicated it took several minutes before call lights were answered. She indicated she had yet to receive lunch and it was more than 90 minutes late because of short staffing issues.</p> <p>The clinical record for Resident (E) was reviewed on 7/15/13 at 3:10 p.m. The Minimum Data Set assessment indicated Resident (E) scored a 15 of 15 for the Brief Interview Mental</p>		<p>compliance. We respectfully request desk review for paper compliance for this citation.</p>	

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	<p>Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>During an interview on 7/15/13 at 4:30 p.m., Resident (G) indicated he attended all the resident council meetings and long call lights and short staffing had been brought to the attention of the Administrator on several occasions. He indicated the wait time for call lights was often very long because they only staff one CNA at night. He indicated the staff problem was worse at night. He indicated lunch is often served late.</p> <p>The clinical record for Resident (G) was reviewed on 7/15/13 at 4:35 p.m. The Minimum Data Set assessment indicated Resident (G) scored a 14 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 14 indicated the resident was cognitively intact.</p> <p>The DoN provided copies for review of the resident council minutes from January 2013 to current on 5/17/13 at 4:00 p.m. Review of the current faculty resident council minutes indicated on 1/16/13, a group concern was identified related to residents not receiving their showers.</p>			

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	<p>The resident council minutes, dated 2/6/13, indicated a group concern related to call light issues on 3rd shift and more nursing staff was needed. No follow-up from the January meeting related to showers not being provided was indicated.</p> <p>The resident council minutes dated 3/6/13, indicated concerns related to the February meeting were read and discussed. No additional information was identified related to a resolution to the concern. A new group concern related to call lights not being answered for 30 minutes was identified.</p> <p>The resident council minutes dated 4/3/13, indicated concerns related to the March meeting were read and discussed. No additional information was identified related to a resolution to the concern. A new group concern related to long call light wait times and ice not being passed was identified.</p> <p>The resident council minutes dated 5/8/13, indicated only concerns related to the meal of the month. No additional concerns from the April meeting were discussed. A new group concern related to staffing and showers was identified.</p>						

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	<p>The resident council minutes dated 6/5/13, indicated concerns related to the May meeting were discussed and some problems still existed. A new group concern related to showers, staffing, late breakfast and call lights was identified</p> <p>The resident council minutes dated 7/3/13, did not indicate any concerns from the June meeting were discussed. A new group concern related to staffing problems and showers was identified.</p> <p>During an interview on 7/15/13 at 5:00 p.m., Health Facility Administrator (HFA) indicated he did attend the resident council meetings. He indicated the facility used to have a good system in place to identify concerns and potential resolutions, but realized today they had not been responding to resident grievances.</p> <p>Review of the current facility policy, revised 4/28/09, provided by the DoN on 7/15/13 at 2:00 p.m., titled "Resident Rights" included, but was not limited to, the following:</p> <p>"Compliance Guidelines</p> <p>1. Resident Rights include the resident's right to:</p>			

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	<p>a. Exercise his or her rights; e. Participate in decisions and care planning; g. Voice complaints/concerns and have the staff respond to those complaints/concerns"</p> <p>This Federal tag relates to Complaint IN00128439 and Complaint IN00129175.</p> <p>3.1-3(l)</p>			

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F000362 SS=E	<p>483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL</p> <p>The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.</p> <p>Based on observation, record review and interview, the facility failed to provide sufficient dietary staff to meet the needs of residents related to meal service, affecting 3 of 4 residents interviewed who reside in the facility. (Resident's B, E and G)</p> <p>Findings include:</p> <p>During an interview on 7/15/13 at 1:50 p.m., Resident (E) indicated she had not yet been served lunch in her room. She indicated the meals were often late, but today was especially late. She indicated she had received her insulin injection a long time ago.</p> <p>The clinical record for Resident (E) was reviewed on 7/15/13 at 3:10 p.m.</p> <p>Diagnoses for the Resident (E) included, but were not limited to, chronic respiratory failure, obstructive sleep apnea syndrome, coronary artery disease and morbid obesity.</p> <p>The Minimum Data Set assessment indicated Resident (E) scored a 15 of 15 for the Brief Interview Mental</p>	F000362	<p>1.The concerns regarding lack of timeliness of meal service for Resident's B, E and G have been addressed through evaluation of Dietary Department staffing and monitoring of meal service timeliness.</p> <p>2.A survey of alert and oriented residents has been conducted to determine if any additional residents have been affected and if needed will be addressed through evaluation of Dietary Department staffing and monitoring of meal service timeliness.</p> <p>3.Dietary Staff have been in-serviced on the timeliness of meal service. The Dietary Manager who went home sick on 07/15/13 has resigned her position. Several newly hired Dietary staff have completed orientation. The Administrator or designee will review Dietary Department staffing schedules each scheduled day to ensure proper staffing levels are maintained. The Administrator or designee will also review results of randomly selected test rays weekly to ensure meals are being served to residents in a timely manner.</p> <p>4.The results of these audits will be reviewed and analyzed with a</p>	08/12/2013			

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	<p>Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>During observation on 7/15/13 at 1:52 p.m., the 300 Hall lunch trays were being brought down the hall for residents.</p> <p>During an interview on 7/15/13 at 1:55 p.m., Cook #1 indicated the Dietary Manager went home sick today. She indicated the hall trays were usually sent out between 12:15 p.m. and 12:30 p.m. She indicated the facility had only 2 of 4 staff members working in the kitchen on 7/15/13. She indicated this has been an on-going concern with meal service.</p> <p>During an interview on 7/15/13 at 2:50 p.m., the Administrator was unaware lunch was served over 90 minutes late.</p> <p>During an interview on 7/15/13 at 4:35 p.m., Resident (G) indicated the meals were often served late related to short staffing. He indicated today they were really late.</p> <p>The clinical record for Resident (G) was reviewed on 7/15/13 at 1:00 p.m. The Minimum Data Set assessment</p>		<p>subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. We respectfully request desk review for paper compliance for this citation.</p>				

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	<p>indicated Resident (G) scored a 14 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 14 indicated the resident was cognitively intact.</p> <p>During an interview on 7/16/13 at 8:45 a.m., Resident (B) indicated lunch was served very late on 7/15/13, but indicated the meals were often served late. She indicated she eats breakfast in her room and lunch in the dining room. She indicated she had not yet received breakfast on 7/16/13 at 8:45 a.m.</p> <p>The clinical record for Resident (B) was reviewed on 7/15/13 at 10:00 a.m. The Minimum Data Set assessment indicated Resident (B) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact.</p> <p>During observation on 7/16/13 at 8:55 a.m., the 300 Hall breakfast trays were being brought down the hall for residents.</p> <p>Review of the current meal time policy, provided by the Minimum Data Set (MDS) Assessment Coordinator on 7/16/13 at 8:40 a.m., titled "Meal Times by Dining Room" included, but</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>was not limited to, the following:</p> <p>Main Dining Room (Halls 100, 200 and 300): Breakfast: 8:00 am Lunch: 12:00 pm Dinner: 5:40 pm</p> <p>This Federal tag relates to Complaint IN00129419.</p> <p>3.1-20(h)</p>			

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 07/16/2013	
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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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE 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 record review and interview, the facility failed to ensure resident's discharge medication release forms were complete for the amount of medication leaving with the resident for 2 of 2 residents reviewed for discharge. (Resident F and Resident H)</p> <p>Findings include:</p> <p>The clinical record for Resident (F) was reviewed on 7/15/13 at 12:00 p.m.</p> <p>Diagnoses for Resident (F) included, but were not limited to, diabetes mellitus, hypertension, macular degeneration and morbid obesity.</p> <p>The clinical record indicated Resident</p>	F000514	<p>1. The discharge medication release forms for Resident's F and H have been revised to include specific information on what medication was to be taken along with medication times and dosage, and these recommendations have been forwarded to the respective resident/family.</p> <p>1.An audit of discharge medication release forms for discharges going back to 05/16/13 has been completed and follow up clarification of any recommendations was done as needed.</p> <p>2.Nursing staff have been in-serviced on the policy for discharge of residents, including proper documentation on discharge medication release forms. The Director of Nursing Services or designee will review</p>	08/12/2013			

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	<p>(F) was discharged to home on 5/3/13. The release of responsibility for medication form was to contain the following information; name of medication, amount to be taken, times to be taken, amount of medication on leaving and amount returned. The amount of medication on leaving and amount of medication returned was not filled out on discharge for Resident (F).</p> <p>The clinical record for Resident (H) was reviewed on 7/16/13 at 9:00 a.m.</p> <p>Diagnoses for Resident (H) included, but were not limited to, acute renal failure, hypertension, depression, diabetes mellitus and coronary artery disease.</p> <p>The clinical record indicated Resident (H) was discharged to home on 6/28/13. The release of responsibility for medication form was to contain the following information; name of medication, amount to be taken, times to be taken, amount of medication on leaving and amount returned. The amount of medication on leaving and amount of medication returned was not filled out on discharge for Resident (H).</p> <p>During an interview on 7/15/13 at</p>		<p>discharge medication release forms following each discharge to ensure completion of the discharge medication release forms and of the amount of medication leaving with the resident.</p> <p>3. The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p> <p>We respectfully request desk review for paper compliance for this citation.</p>				

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	<p>3:25 p.m., the DoN indicated the staff person failed to properly fill out the responsibility for medication form on discharge. She indicated the staff member was given an in-service on the how to properly fill out the responsibility for medication form and the information identified in each column.</p> <p>This Federal tag relates to Complaint IN00129175.</p> <p>3.1-50(a)(1)</p>				