

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2011
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN46311
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on September 6, 2011.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00099339.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00097219 completed on September 30, 2011.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaints IN00097871 and IN00098323 completed on October 20, 2011.</p> <p>Survey dates: November 14, 15, 16, & 17, 2011.</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Survey team: Janet Adams, RN, TC Lara Richards, RN November 14, 15, & 16, 2011</p> <p>Census bed type:</p>	F0000		

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>SNF/NF: 127 Total: 127</p> <p>Census payor type: Medicare: 28 Medicaid: 74 Other: 25 Total: 127</p> <p>Sample: 15</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 11/23/11 by Suzanne Williams, RN</p>				

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F0157 SS=D	<p>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 the physician was notified related to obtaining authorization of a medication for 1 of 15 residents reviewed for physician notification in the sample of 15. (Resident #R)</p>	F0157	<p>F 157</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The physician for Resident R was notified on 11-15-11. Medication was approved by the</p>	12/05/2011

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	<p>Findings include:</p> <p>The record for Resident #R was reviewed on 11/15/11 at 12:40 p.m. The resident's diagnoses included, but was not limited to, multiple sclerosis. A Physician's Order dated 10/15/11, indicated the resident was to receive Copaxone injections 20 milligrams (mg) per 1 milliliter (ml) subcutaneous (sq) daily.</p> <p>A Non-Covered Medication Notification form was faxed from the pharmacy to the facility on 10/17/11. The form indicated prior authorization was required from the physician or the physician's representative. The form also indicated if the medication was approved by the Director of Nursing or Administrator, they would be able to bill the facility before getting prior approval from the physician.</p> <p>The November 2011 Medication Administration Record (MAR), indicated the dates of 11/5-11/15/11 were circled, indicating the resident did not receive the medication. Documentation on the back of the MAR indicated the medication was not available and the pharmacy was aware.</p> <p>An entry in the Nurse Practitioner Progress Notes on 11/9/11, indicated the resident was complaining that she couldn't</p>		<p>Administrator, received per pharmacy and administered on 11-15-11. Resident continues to receive medication as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>A full facility audit of Medication Administration Records and Prior Authorizations was conducted to ensure all medications are being administered in a timely manner. No issues/concerns were identified through this audit.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Licensed nurses were educated on physician notification related to medication not being available in order to initiate timely administration.</p> <p>Nursing staff were also educated on the process of obtaining Administrator approval for medications which require a prior authorization.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>PI tool related to physician notification and prior</p>		

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	<p>get her shots for her MS due to her insurance.</p> <p>Documentation in the Nursing Progress Notes on 11/11/11 at 11:10 a.m., indicated the Unit Manager was questioned related to the resident's Copaxone injections. The Unit Manager indicated the resident's physician was out of town and he had to authorize for pharmacy insurance. There was no documentation to indicate if the on call physician had been contacted for authorization.</p> <p>Interview with the Nurse Consultant on 11/16/11 at 8:30 a.m., indicated the resident had received the injections 10/16-10/31/11 due to prior authorization from the previous pharmacy the resident had used. She indicated the medication had not been received 11/5-11/15/11 due to prior authorization had not been obtained for the facility pharmacy.</p> <p>Interview with the Nurse Consultant on 11/16/11 at 4:00 p.m., indicated the physician had not been contacted due to being out of town. She further indicated documentation indicated the on-call physician had not been contacted.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic</p>		<p>authorizations will be completed by nursing administration 3 times weekly for a month; monthly for a quarter; and then quarterly thereafter to ensure ongoing compliance.</p> <p>PI tool for review of medication administration records will be completed twice weekly by nursing administration for a month, then monthly for a quarter and then quarterly thereafter to ensure ongoing compliance.</p> <p>Audit findings to be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance.</p> <p>Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>		

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F0425 SS=D	<p>plan of correction to prevent recurrence.</p> <p>3.1-5(a)(3)</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to ensure medications used to treat Multiple Sclerosis (MS) were obtained in a timely manner for 1 of 2 residents diagnosed with Multiple Sclerosis in the sample of 15. (Resident #R)</p> <p>Findings include:</p> <p>Interview with Resident #R on 11/15/11 at 12:05 p.m., indicated that she had not been receiving her Copaxone (a</p>	F0425	<p>F 425</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The physician for Resident R was notified on 11-15-11. Medication was approved by the Administrator, received per pharmacy and administered on 11-15-11. Resident continues to receive medication as ordered.</p> <p>How other residents having the potential to be affected by the</p>	12/05/2011	

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	<p>medication used to treat multiple sclerosis) injections.</p> <p>The record for Resident #R was reviewed on 11/15/11 at 12:40 p.m. The resident's diagnoses included, but was not limited to, multiple sclerosis. A Physician's Order dated 10/15/11, indicated the resident was to receive Copaxone injections 20 milligrams (mg) per 1 milliliter (ml) subcutaneous (sq) daily.</p> <p>A Non-Covered Medication Notification form was faxed from the pharmacy to the facility on 10/17/11. The form indicated prior authorization was required from the physician or the physician's representative. The form also indicated if the medication was approved by the Director of Nursing or Administrator, they would be able to bill the facility before getting prior approval from the physician.</p> <p>The October 2011 Medication Administration Record (MAR), indicated the resident received the Copaxone injections 10/16-10/31/11. The November 2011 MAR, indicated the resident received the injection 11/1-11/4/11. The dates of 11/5-11/15/11 were circled, indicating the resident did not receive the medication. Documentation on the back of the MAR indicated the medication was not available</p>		<p>same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>A full facility audit of Medication Administration Records and Prior Authorizations was conducted to ensure all medications are being administered in a timely manner. No issues/concerns were identified through this audit.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Licensed nurses were educated on physician notification related to medication not being available in order to initiate timely administration.</p> <p>Nursing staff were also educated on the process of obtaining Administrator approval for medications which require a prior authorization.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>PI tool related to physician notification and prior authorizations will be completed by nursing administration 3 times weekly for a month; monthly for a quarter; and then quarterly thereafter to ensure ongoing compliance.</p>		

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	<p>and the pharmacy was aware.</p> <p>An entry in the Nurse Practitioner Progress Notes on 11/9/11, indicated the resident was complaining that she couldn't get her shots for her MS due to her insurance.</p> <p>Documentation in the Nursing Progress Notes on 11/11/11 at 11:10 a.m., indicated the Unit Manager was questioned related to the resident's Copaxone injections. The Unit Manager indicated the resident's physician was out of town and he had to authorize for pharmacy insurance.</p> <p>Interview with Pharmacy Staff Member #1 on 11/15/11 at 3:10 p.m., indicated the Copaxone injections were being sent out STAT today (11/15/11) and that this was the first time the medication had been sent to the facility from their pharmacy. She also indicated, the facility was assuming the cost of the medication.</p> <p>Interview with the Nurse Consultant on 11/16/11 at 8:30 a.m., indicated the resident had received the injections 10/16-10/31/11 due to prior authorization from the previous pharmacy the resident had used. She indicated the medication had not been received 11/5-11/15/11 due to prior authorization had not been</p>		<p>PI tool for review of medication administration records will be completed twice weekly by nursing administration for a month, then monthly for a quarter and then quarterly thereafter to ensure ongoing compliance.</p> <p>Audit findings to be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance.</p> <p>Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>		

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	<p>obtained for the facility pharmacy.</p> <p>Interview with the Nurse Consultant and Administrator on 11/16/11 at 4:00 p.m., indicated the fax from the pharmacy had been sent to the nurses' station and they were not aware the medication needed prior approval. The Administrator indicated that if she would have known, she would have authorized for the medication to be given until approval could have been received from the physician.</p> <p>This deficiency was cited on 9/6/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-25(a)</p>				