STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-INDIAN CREEK	240 BEECHMONT DR CORYDON, IN 47112

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: July 16, 17, 18, 19, 20, 2012 Facility number: 000206 Provider number:155312 AIM number: 100284940 Survey team: Donna Groan, RN-TC Jennie Bartelt, RN, July 16, 17, 2012 Martha Saull, RN Dorothy Watts, RN Terri Walters, RN Carole McDaniel, RN Census bed type: SNF/NF: 119 Total: 119 Census payor type: Medicare: 14 Medicaid: 78 Other: 27 Total: 119 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review 7/24/12 by Suzanne	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Williams, RN			

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F0160 SS=A	483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.			
	Based on record review and interview, the facility failed to disperse resident funds to the state agency for 2 of 3 deceased residents accounts reviewed. Resident # 71, Resident #33 Findings include: 1. On 7/19/12 at 10:35 A.M., Resident Trust Accounts of Resident #71 and Resident #33 were reviewed with the Business Office Manager. Resident #33 , a Medicaid recipient, expired on 5/2/12. Her resident fund account managed by the facility indicated a close out date of 6/13/12. Resident #71 , a Medicaid recipient, expired on 5/3/12. The resident fund account managed by the facility indicated a close out account date of 6/13/12. On 7/19/12 at 10:42 A.M., during interview with the Business Office	F0160	F 1601) Accounts were closed and balance refunded for residents #71 and #33.2) All resident trust accounts were audited to verify no accounts were open beyond 30 days for discharged residents.3) Business Office Manager was inserviced on Resident Trust Account policy. Email notification system will be used to generate reminders of discharged accounts with balances.4) Executive Director or designee will monitor resident trust accounts for discharged open accounts weekly x 4 weeks, monthly x 3 months. All results will be reviewed in the monthly Quality Assurance meeting x 3 months and quarterly thereafter, with corrective action implemented as needed.	08/03/2012

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	Manager, she indicated it was difficult to close out resident accounts in the required 30 days. On 7/20/12 at 8:43 A.M., during interview with the Administrator, she indicated she was aware of the expired resident accounts not being closed out in the required 30 days. She indicated the facility was working on a plan to cue staff before the required 30 days. The facility policy entitled "Resident Trust Statements/Discharges and Medicaid Eligibility (revised on 9/1/05)" was reviewed on 7/20/12 at 9:15 A.M. This policy included but was not limited to: "...Deceased Resident Accounts: Per Federal regulations, upon the death of a resident with a Resident Trust Fund deposit with the facility, the facility must disburse the resident funds within 30 days, and a final accounting of those funds, to the responsibility party, state agency or probate jurisdiction administering the estate..." 3.1-6(h)			

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F0332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.			
	Based on observation, record review and interview, the facility failed to ensure its medication error rate was not greater than 5%, in that 3 medication errors were observed during 50 opportunities for error in administration, for 3 of 10 residents observed during medication administration. This resulted in an error rate of 6%. (Resident #118 Resident#88 Resident#78) Findings include: 1. On 7/19/12 at 8:33 AM, LPN #10 was observed preparing medication for administration to Resident # 118. The nurse prepared one tablet of Calcium Citrate+ D containing 315 mg of calcium and 250 units of vitamin D. The medication card from which the tablet was removed had a label indicating an "order change see the chart." When informed of the label, the nurse indicated there had been an order change which called for Calcium Citrate+ D 630 mg calcium and 500 units of vitamin D to be given (2 tablets). She indicated she had made an error and then administered	F0332	F 3321) Order was verified and pharmacy label corrected to match for resident #118. Carafate was discontinued for Resident #88. Order was written to give Carafate one hour before meals for Resident #78.2) LPN #10 completed medication pass competency. Audited all carafate orders and corrected orders to one hour before meals.3) Director of Nursing Services or designee will inservice all licensed nurses on the nursing standards for medication administration and manufacturer's guidelines for Carafate. Medication pass competencies will be completed on all licensed nurses.4) Director of Nursing Services or designee will monitor medication administrations daily x 1 week, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. Results will be reviewed in monthly Quality Assurance meeting monthly x 3 months and quarterly thereafter, with corrective action implemented as needed.	08/19/2012

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	2 tablets. The clinical record of Resident #118 was reviewed on 7/20/12 at 9:30 A.M. There was a Telephone order completed by LPN #10 on 8/24/11 at 10:30 AM, directing "change Calcium citrate- D 630 mg to once daily in the morning due to patient refusing evening dose." There was an additional order of clarification on 7/19/12 "Give Calcium citrate D 315 / 250 two tablets every morning to equal 630/500." 2. During observation on 7/16/12 at 11:39 a.m., LPN #1 prepared and administered Carafate (an anti-ulcer agent), 1 gram, to Resident #88. During interview at this time, LPN #1 indicated this was a good time to get the resident to drink her Ensure nutritional supplement, and she encouraged the resident to drink the Ensure. A visitor at the bedside indicated the resident likes the strawberry flavored Ensure LPN #1 provided. The clinical record for Resident #88 was reviewed immediately after the medication was administered. Physician's orders for July 2012 included, but were not limited to, "Carafate, 1 gm by mouth before meals and at bedtime."			

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	3. During observation on 7/16/12 at 11:53 a.m., LPN #2 prepared and administered Carafate, 1 gram, to Resident #78. The clinical record for Resident #78 was reviewed immediately after the medication was administered. Physician's orders for July 2012 included, but were not limited to, "Carafate, 1 gm by mouth before meals." On 7/16/12 at 12:00 noon, a placard on the wall across from the nurse's station on the hall where Residents #78 and #88 resided was observed to indicate lunches on the hall were scheduled to be served at 12:15 p.m. On 7/16/12 at 12:20 p.m., Residents #78 and #88 were observed dining in their rooms. On 7/20/12 at 8:15 p.m. review of the package insert for Carafate on-line at http://dailymed.nlm.nih.gov indicated in the "Dosage and Administration" section that Carafate should be taken on an empty stomach. On 7/15/12 at 8:20 p.m., review of the 2010 Nursing Spectrum Drug Handbook indicated in the "Patient			

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	Teaching" section related to Carafate: "Tell patient to take 1 hour before meals...." 3.1-25(b)(9) 3.1-48(c)(1)			