

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 06/18/2015
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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, IN 46311
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175138.</p> <p>Complaint IN00175138-Substantiated. Federal/state deficiency related to the allegations is cited at F314.</p> <p>Survey dates: June 17 & 18, 2015</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census bed type: SNF/NF: 107 Total: 107</p> <p>Census payor type: Medicare: 22 Medicaid: 67 Other: 18 Total: 107</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p>	
F 0314	483.25(c)			

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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SS=D Bldg. 00	<p>TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure dietary recommendations were implemented for a resident with pressure ulcers for 1 of 4 sampled residents. (Resident #D)</p> <p>Finding includes:</p> <p>The record for Resident #D was reviewed on 6/18/15 at 10:25 a.m. The resident's diagnoses included, but were not limited to, cerebral vascular accident (stroke), history of pneumonia and respiratory failure.</p> <p>A Physician's order dated 5/18/15, indicated the resident received Nutren tube feeding at 40 cubic centimeters (cc's) an hour. Stop feeding at 4:00 a.m. and resume feeding at 7:00 a.m.</p> <p>The Skin Assessment sheet dated 5/28/15, indicated the resident had</p>	F 0314	<p>F 314 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>1. For resident D, the physician was immediately notified and an order received to increase tube feeding per dietary recommendations.</p> <p>2. All residents with dietary recommendations were reviewed for the month of June. All are current.</p> <p>3a. Dietician will review all dietary recommendations daily in clinical meeting for timely follow-up.</p> <p>3b. Education was provided to the clinical team on procedure for timely follow-up on dietary recommendations.</p>	07/01/2015	

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	<p>developed an unstageable pressure area to her coccyx.</p> <p>On 6/3/15, the resident was seen by the Wound Physician. The area was described as unstageable and measured 2.7 centimeters (cm) x 3.0 cm x undetermined.</p> <p>Documentation in the Progress notes by Nutrition services dated 6/3/15 at 7:36 p.m., indicated the following: "Resident with a Stage IV coccyx wound. Protein needs revised: 94-109 grams (1.2-1.4 gram/kilogram). May benefit if tube feed increased to 45 cc's and add Propass to tube feed to aid with wound healing. Recommend add Propass to tube feed three times a day (tid) and increase tube feed to 45 cc's times 21 hours."</p> <p>Physician orders for the month of June 2015 were reviewed. There was no Physician's order to increase the resident's tube feeding as well as add the Propass supplement. There was also no documentation in the progress notes to indicate if the Physician was notified of the recommendations.</p> <p>Interview with the Nurse Consultant on 6/18/15 at 12:52 p.m., indicated the Registered Dietitian (RD) recommendations had not been followed</p>		<p>3c. DNS/designee will review all dietary recommendation records for compliance 2X/wk.</p> <p>All audit findings related to dietary recommendations will be discussed at QI/PI committee during the monthly meeting for further discussion of continuation or resolution X 6 months.</p> <p>Completion July 1, 2015</p> <p>F 314 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>1. For resident D, the physician was immediately notified and an order received to increase tube feeding per dietary recommendations.</p> <p>2. All residents with dietary recommendations were reviewed for the month of June. All are current.</p> <p>3a. Dietician will review all dietary recommendations daily in clinical meeting for timely follow-up.</p> <p>3b. Education was provided to the clinical team on procedure for timely follow-up on dietary</p>		

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	up on. This Federal tag relates to Complaint IN00175138. 3.1-40(a)(2)		recommendations. 3c. DNS/designee will review all dietary recommendation records for compliance 2X/wk. All audit findings related to dietary recommendations will be discussed at QI/PI committee during the monthly meeting for further discussion of continuation or resolution X 6 months. Completion July1, 2015		