STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG	7823 OLD HWY # 60 SELLERSBURG, IN 47172

(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
F000000	This visit was for the Investigation of Complaint IN00123725, Complaint IN00125948, Complaint IN00133323 and Complaint IN00135204. Complaint IN00123725 -- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00125948 -- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00133323 -- Substantiated. Federal/state deficiency related to the allegations is cited at F248. Complaint IN00135204 -- Substantiated. No deficiencies related to the allegations are cited. Survey date: September 6, 9, 10 and 11, 2013 Facility number: 010613 Provider number: 155659 AIM number: 200221040 Survey team: Penny Marlatt, RN, TC Barbara Gray, RN (9-6-13) Census bed type: SNF: 18 SNF/NF: 75	F000000	This Plan of Correction is the center's credible allegation of compliance. 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. We requests that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review.	

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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	Total: 93 Census payor type: Medicare: 36 Medicaid: 38 Other: 19 Total: 93 Sample: 6 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality Review was completed by Tammy Alley RN on September 16, 2013.			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172	

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F000248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on interview and record review, the facility failed to ensure a resident's desire to attend and participate in bingo activities were honored for 1 of 3 residents reviewed for activities in a total sample of 6. (Resident #D) Findings include: The clinical record of Resident #D was reviewed on 9-9-13 at 12:25 p.m. Her diagnoses included, but were not limited to, CVA (cerebrovascular accident or stroke) with hemiplegia(paralysis on one side), dementia with behaviors, high blood pressure, and macular degeneration. Her most recent Minimum Data Set (MDS) assessment, dated 6-23-13, indicated she had severe cognitive impairment, requires extensive assistance of 1 or more persons with personal hygiene, transfers from one surface to another, bed mobility, dressing and toileting. Her annual MDS assessment, dated 3-31-13	F000248	It is the policy of this facility to provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well-being of each resident.Resident #D will continue to be provided an activity calendar, will be offered to attend scheduled bingo activities, and provided assistance with bingo activity as needed.All residents have been interviewed for interest in bingo activity, assessed for need of assistance, and provided with necessary assistance during activities.Comprehensive assessments will be completed upon new admission, quarterly review, upon change of condition and as needed. Care plans will be reviewed and updated as needed.A current list of any patient that enjoys bingo activity will be kept (attachment A) and attendance documented. The activity director of designee will randomly audit the activity program by interviewing a sample of residents as to their attendance in activities and the assistance they received. (attachment B)	09/19/2013

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	indicated she had indicated activities "to do with groups of people" and "to do your favorite activities" were somewhat important to her. She indicated "somewhat important" for other activities, such as listening to music she liked, being around animals, such as pets and going outside for fresh air when the weather is good. She did not indicate any activity preferences as "very important." The facility provided a listing of reliably interviewable residents on 9-6-13 at 1:07 p.m., and 9-9-13 at 11:27 a.m. Both lists indicated Resident #D was a reliably interviewable resident. In interview with Resident #D on 9-9-13 at 12:02 p.m., she indicated her favorite activity was bingo. She indicated she required assistance to participate in bingo. In interview with the Activity Director on 9-9-13 at 3:45 p.m., she indicated Resident #D was one of the facility residents "who enjoys bingo." She indicated prior to Resident #D's previous room mate passing away several months ago, the former resident would help Resident #D with playing bingo. She indicated		Ten residents a week for the first 30 days, then 5 a week for the next 60 days will be randomly selected. The results of these audits will be reviewed and analyzed monthly for the next three months in the monthly PI committee meeting with a subsequent action plan developed and implemented if indicated. The Activity Directory is responsible to ensure compliance with this standard	

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	Resident #D required a great deal of assistance with this activity, essentially requiring the person assisting her in all aspects of playing bingo. She indicated someone must remind the resident of any activities and then go to get her in her wheelchair and bring her to the activity, because she does not remember. She indicated when Resident #D is playing bingo, "if someone isn't right there to help her, well actually pretty much play for her, well then she will get upset and curse badly." The Activity Director indicated, "It's been several months that she hasn't been playing as much as she used to [play bingo.] I guess I kind of looked at it from the standpoint of, if she's not aware bingo is going on, the she won't be upset. I guess we will need to figure out somehow to get more help so she can play bingo since she enjoys it." She indicated bingo is generally offered every Thursday and Sunday by the facility. She indicated Resident #D usually attends the Sunday bingo game and is assisted by the volunteer who runs the Sunday bingo game. Review of Resident #D's careplan indicated a focus concern of, "Attends			

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	activities of interest/choice and engages in self-initiated leisure activities." This was indicated as initiated on 4-17-12 and an on-going concern. The goals were indicated as participating in 3-5 activities weekly and initiating 1-2 leisure activities daily, such as visiting with friends or family within the 90 day review period. Interventions indicated for this concern included, but were not limited to, "Invite, encourage and assist as needed to activities of choice, interest as tolerated by resident." This Federal tag relates to Complaint IN00133323. 3.1-33(a)			