

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201
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F000000	<p>This visit was for the Investigation of Complaints IN00152091, IN00151904 and IN00150380.</p> <p>This visit resulted in a partially extended survey - immediate jeopardy.</p> <p>Complaint IN00152091 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223, F225, F226 and F490.</p> <p>Complaint IN00151904 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223, F225, F226 and F490.</p> <p>Complaint IN00150380 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 9, 10, 11 and 14, 2014</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Survey team: Jennifer Carr, RN - TC (July 9 and 10, 2014) W. Chris Greeney, QIDP (July 11, 2014) Penny Marlatt, R.N. (July 14, 2014)</p>	F000000		

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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F000223 SS=L	<p>Census bed type: SNF/NF: 143 Total: 143</p> <p>Census payor type: Medicare: 14 Medicaid: 103 Other: 26 Total: 143</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2 - 3.1.</p> <p>Quality Review completed on July 22, 2014, by Brenda Meredith, R.N.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p>			

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	<p>Based on interview and record review, the facility failed to ensure that residents were free from verbal abuse, as evidenced by demeaning and humiliating statements, threats and insults to the residents and to the staff in front of the residents by the Administrator which has created culture of fear and intimidation for 5 of 9 residents reviewed for abuse (Residents D, G, H, F and J). This had the potential to affect 143 of 143 residents in the facility at risk for being verbally abused by the Administrator.</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 5/27/2014 when the Administrator yelled at the Generations Unit nurses station, "That's why you don't send a bunch of idiot CNAs over with labs!" in front of staff and residents. The Administrator, Director of Nursing, and Corporate Director of Clinical Operations were notified of the Immediate Jeopardy at 7:45 p.m. on 7/10/2014. The Immediate Jeopardy was removed on 7/11/14, but noncompliance remained at the lower scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.</p> <p>Findings include:</p>	F000223	<p>1. The Executive Director was suspended immediately pending investigation. An Interim Executive Director was placed effective 7/12/2014. As a result of the investigation, the Executive Director has been terminated from the position. The facility was able to identify Resident D, G, & H based on the information provided. Resident D, G, & H were interviewed for any additional concerns. Any further concerns that were identified have been followed up per regulation and policy and procedures. The attending physician was notified. The careplan has been updated as applicable. The facility was unable to identify the identity of Resident F & J. 2. All residents have the potential to be affected. Resident and family interviews were initiated on 7/10/2014 to identify any allegations of abuse or events that may constitute abuse. Resident and family interviews were completed by 7/11/2014. All findings were investigated and if applicable reported to the Executive Director or Designee and to other officials in accordance with state law. On July 11, 2014 the District staff will had a meeting with Residents to provide the Kindred Compliance telephone number and reassure to all residents and families on Abuse Prevention with emphasis on information on how and to and whom they report concerns, incidents and</p>	07/15/2014	

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	<p>1. Employee #2 was interviewed on 7/9/2014 at 4:50 p.m. She indicated, "She's [Administrator] a bully...she bullies the residents...she bullies the employees." Employee #2 recalled an incident which occurred on 5/27/2014 involving some mislabeled labs which were delivered to the lab from the facility by a CNA. Employee #2 indicated that the Administrator was "screaming" at the Generations Unit nurse's station, "That's why you don't send a bunch of idiot CNAs over with labs!" She further indicated that she reported the incident to Corporate Nurse #1, as well as reporting that the Administrator "bullies" the staff and residents, and was told by Corporate Nurse #1, "Well, [Administrator] just doesn't think before she opens her mouth." Employees #1, #4, #5, #6 and #9 corroborated the 5/27/2014 incident. Employee #2 indicated that staff and residents are "afraid" of the Administrator and that she reported the Administrator's behavior to "Corporate" approximately two months ago. She further indicated, "I know at least three of us [staff] have filed complaints [via the corporate hotline and/or to Corporate Nursing staff at the facility] about [Administrator]. They just blow it off. What are you supposed to do? Where are you supposed to go when it's the administrator that's doing it?"</p>		<p>complaints/concerns without the fear of retribution; and provide feedback regarding the concerns that have been expressed. External Social Services workers were deployed and initiated resident 1:1 visits for reassurance and identification of any concerns or grievances. Contract services for social services will continue resident and family interviews and 1:1 encounters to provide additional monitoring while reestablishing an environment free of reprisal. 3.The Staff Development Coordinator &/or designee provided education to staff as they reported for their next scheduled shift on Abuse and responding to and investigating an Abuse Allegation with emphasis on who to report abuse to in accordance with State law. The District team, as well as the Interim Executive Director, educated the staff and provided the district telephone number and the Kindred corporate compliance number to help ensure the staff that there are additional resources in regards to reporting concerns without free of reprisal and if the concern involves the Executive Director. Education will continue until all staff are in-serviced and staff will not be allowed to work until education is completed. New employees will receive the same education in new-hire orientation. The Staff Development</p>	

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	<p>Employee #1 was interviewed on 7/9/2014 at 4:20 p.m. and again on 7/10/2014 at 1:35 p.m. She indicated that on 5/27/2014, the Administrator was "yelling", indicating, "What are you idiots doing? Why can't you manage to get anything done properly?" She indicated that the Administrator raises her voice to residents and staff "on a daily basis" and indicated, "Just the other day [during first and second shift change] she went running down the hall calling us a bunch of idiots. It makes me feel 3 feet tall. I can't imagine what it does to those residents." She further indicated, "I know you talked to [Employee #11]. She came up to me and said you talked to her and she said, 'I should have said something.' and I said, 'Why didn't you?' and she said she was afraid because management was spying on you while you were talking and she didn't want to get in trouble."</p> <p>Employee #1 recounted an incident "about two weeks ago" in which the Administrator indicated loudly to Resident J during a meal in the main dining room, "I'm the boss here, not you. You'll do what I tell you to do!"</p> <p>Employee #1 indicated that residents and staff are fearful of the Administrator.</p> <p>Employee #5 was interviewed on 7/10/2014 at 1:50 p.m. She indicated that</p>		<p>Coordinator will provide this education quarterly to all staff. 4. The Executive Director &/or Designee will complete 15 interviews with residents, families and staff weekly for thirty days, then 10 interviews weekly for thirty days, then 5 interviews weekly for thirty days. After the initial ninety days, 40 interviews will be completed quarterly as an on going practice of this facility. All findings will be reported to the Executive Director and all allegations of violations will be investigated and reported immediately to the officials in accordance with state law. Any trends identified through the interviews will be reviewed monthly by the facility's Performance Improvement Committee with appropriate action taken if necessary. A member of the District Team will visit the facility at a minimum of weekly. During this visit, the team member will be available to residents, families and staff members to have the ability to voice any concerns. The grievance log will be reviewed on these visits to ensure proper follow-up has occurred to any identified concerns. A district team member will attend the facility's monthly Performance Improvement Committee for the next 90 days to provide guidance and over sight.</p>	

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	<p>she was on duty 5/27/2014 and corroborated that the Administrator was "yelling" at staff in front of, and within earshot, of residents. She indicated, "She [Administrator] said the CNAs aren't smart enough to keep them straight and get them where they need them to be." Employee #5 further indicated, "She's notorious for calling the CNAs 'stupid'...it's within earshot of the residents...I don't think that's right. 'Idiot' and 'stupid' is interchangeable with her."</p> <p>Employee #6 was interviewed on 7/10/2014 at 2:20 p.m. She indicated that she was on duty 5/27/2014 and corroborated that the Administrator was "yelling" at staff and called the CNAs "idiots." She indicated, "I've called the [corporate] hotline before after she's belittled me in front of everybody...I've been in tears."</p> <p>Employee #4 was interviewed on 7/10/2014 at 2:55 p.m. She indicated that she was on duty on the Generations Unit on 5/27/2014. She indicated, "[Administrator] went off. She said, 'That's why they're just CNAs.' She doesn't show us respect." Employee #4 additionally indicated, "The other day, [Resident B, who's cognition is severely impaired], was throwing her food in the feed room. We asked her [Administrator]</p>			

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	<p>what to do and she said 'You just take her food and take her to bed.' I don't like doing that to her."</p> <p>Employee #9 was interviewed on 7/10/2014 at 3:30 p.m. She indicated that she was on duty on the Generations Unit on 5/27/2014. She indicated that the Administrator was yelling at staff and called them "stupid." She indicated, "[Administrator] gets MAD. Nobody messes with [Administrator]."</p> <p>2. Employee #1 was interviewed on 7/10/2014 at 1:35 p.m. and recounted the lunch meal in the main dining room on 7/2/2014. She indicated that the Administrator delivered a meal to Resident F, who was blind and receiving Hospice care prior to her passing on 7/7/2014. Resident F asked the Administrator to identify the meal, and then indicated, "I don't want that." The Administrator indicated loudly, "You need to eat the food that we give you. I pay good money for it and you need to eat it." Employee #1 indicated, "Everyone's mouth just dropped." She further indicated that Resident F's family indicated to her that they were going to file a corporate grievance related to the incident.</p> <p>3. During an interview with Employee #1</p>			

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	<p>on 7/9/2014 at 4:20 p.m., she indicated that Resident H frequently asks for second and third servings at meals. She indicated that, during the lunch meal in the main dining room on 7/9/2014, the Administrator indicated to Resident H that he was only allowed two servings and stated, "I can't afford to feed your appetite."</p> <p>Employee #2 was interviewed on 7/9/2014 at 4:50 p.m. She indicated that she was not on duty 7/8/2014, but has witnessed the Administrator indicate to Resident H, "You're not getting seconds. You've gotten way too heavy." in the main dining room in front of other residents.</p> <p>Employee #3 was interviewed on 7/10/2014 at 1:30 p.m. She indicated, "She tells him [Resident H] he can't have more than two servings because she doesn't have enough money to feed his appetite." She further indicated, "A day or two ago, [Administrator] approached [Resident J] in a rude way and said she needed to learn to shut her mouth and she doesn't have the right to tell other people they stink because she stinks just as bad as they do. They'll [dietary staff] get to you when they can."</p> <p>Resident H was interviewed on</p>						

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	<p>7/10/2014 at 2:40 p.m. and found to be alert and oriented to person, place and time. When queried regarding the incident in the dining room on 7/9/2014, he indicated, "She [Administrator] said I was eating too much food or some b---s--...she said something about my weight." When queried as to how it made him feel, he indicated, "I just couldn't believe she said it."</p> <p>Employee #9 was interviewed on 7/10/2014 at 3:30 p.m. She indicated, "He [Resident H] always gets yelled at [by the Administrator]. She'll say, 'No you don't need no more, you eat enough...or you're already heavy enough.'" She further indicated, "He [Resident H] was scared to talk. He came to me and said, 'The lady asked me and I had to tell.' He was afraid he'd get in trouble."</p> <p>Resident H's clinical record was reviewed on 7/10/14 at 4:04 p.m. The diagnoses included, but were not limited to, depression, type 2 diabetes and left -sided weakness. Diet orders indicated, "1800 cal ADA [American Dietetic Association] reg [regular]."</p> <p>4. Resident D's record was reviewed on 7/10/2014 at 12:35. His most recent Minimum Data Set (MDS) assessment, completed on 5/9/2014, indicated a Brief</p>			

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	<p>Interview for Mental Status (BIMS) score of 15 of 15; which indicated he was cognitively intact. Resident D was interviewed on 7/10/2014 at 2:00 p.m. He indicated, She's [Administrator] very very rude...that one day she was mad at all the girls and screamed [in the main dining room], "Things are going to go my way or else!" When queried as to how often the Administrator is heard yelling and/or being verbally abusive to staff, he indicated, "I know she loses her temper a lot....She does it quite often; usually on a daily basis." He further indicated, "No, I don't like it. It makes me feel uneasy...like if she's that way to the girls, what's next...us? This should be a nice place to live, but how can it be when somebody's always so negative?"</p> <p>Employee # 8 was interviewed on 7/10/2014 at 2:00 p.m. She indicated that the Administrator yells at staff in front of residents and that residents and staff are intimidated by her.</p> <p>Resident #G was interviewed on 7/10/2014 at 2:30 p.m. She indicated, "She's [Administrator] always yelling at the staff...the aides or nurses. I can't always make out what she says....It makes us all feel on edge."</p> <p>Employee #7 was interviewed on</p>			

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	<p>7/10/2014 at 2:50 p.m. and indicated that the Administrator "flips out." She further indicated that the Administrator threatened staff in front of residents and indicated, "It [yelling] was so bad that they could hear it on the Memory Unit [located on the opposite side of the facility]. A nurse even came down to ask if everything was ok" She further indicated that residents have complained to her about the Administrator, indicating, "They just think all the yelling is unnecessary."</p> <p>Employee #10 (Social Service Director), was interviewed on 7/10/2014 at 5:20 p.m. She indicated that she has witnessed the Administrator yelling at residents and/or staff "on occasion" and indicated that her behavior was "intimidating" to both residents and staff. She stated, "I have seen [Administrator] get more verbal than she should in front of residents....I do feel she does not have good bedside manners....She's not nice...she calls the staff 'idiots' and talks about them in morning meeting....It feels like we're on pins and needles all the time." She further indicated that a recent visitor to the facility was "appalled" by the Administrators behavior and asked for the corporate hotline/grievance number, which she provided. She indicated that she had not filed any</p>						

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	<p>complaints or grievances herself related to the Administrator's verbal abuse on behalf of residents or staff.</p> <p>The Director of Nursing (DoN) was interviewed on 7/10/2014 and indicated, "I've never heard her [Administrator] yell." She denied being aware of any complaints by residents or staff related to the Administrator's verbal abuse, indicating, "Nothing stands out."</p> <p>The Administrator was interviewed on 7/10/2014 at 5:40 p.m. She indicated, "My staff hates me and my residents love me." She denied losing her temper or yelling at staff "except for one time about a year and a half ago....If they [staff] didn't like the way I treated them, why didn't they come talk to me?" When queried as to whether or not she ever referred to the staff as "idiots", she indicated, "Maybe behind closed doors, but not out on the floor." In an interview with Corporate Nurse #1 on 7-14-14 at 1:35 p.m., she indicated any report related to any situation of this facility would not have gone to her in May, 2014, as this was not one of her usual buildings to provide coverage. She indicated she had been assisting with clinical oversight during the last week due to vacation time for the corporate nurse who usually assists with clinical</p>			

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	<p>oversight.</p> <p>In an interview with Corporate Nurse #2 on 7-14-14 at 1:50 p.m., she indicated she recalled speaking to a staff CNA in late May, 2014 regarding concerns related to improperly labeled lab specimens. She indicated the CNA was concerned that the CNA's were doing something incorrectly by transporting lab specimens to an area laboratory. She indicated the Administrator had apparently questioned facility nursing staff as to why they had requested staff CNA's to transport improperly labeled lab specimens to an area laboratory and then be asked to label the lab specimen with a resident's name. Corporate Nurse #2 indicated she did not recall any other concerns that were voiced by this particular CNA, "that I have in my documentation."</p> <p>The Immediate Jeopardy that began on 5-27-14 was removed 7-14-14, with an effective date of 7-11-14, when an interim Administrator was appointed to replace the previous Administrator. Additionally, staff education was initiated on 7-11-14 regarding abuse and abuse prevention, which included education on identification of abuse, how to report abuse, when to report abuse, to whom to report abuse and timeliness of</p>			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201
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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
F000225 SS=L	<p>abuse reporting without fear of reprisal. Information was also initiated on 7-11-14 to residents and/or families of residents on how and to whom to report any concerns, including abuse or other concerns without fear of reprisal. Even though the facility's corrective action removed the Immediate Jeopardy, the facility remained out of compliance at a reduced scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy because of on-going monitoring to ensure residents were free of abuse.</p> <p>This federal tag relates to Complaints IN00151904 and IN00152091.</p> <p>3.1(a)(1) 3.1-27(b)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide</p>			

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	<p>registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>In an interview with Corporate Nurse #1 on 7-14-14 at 1:35 p.m., she indicated any report related to any situation of this facility would not have gone to her in May, 2014, as this was not one of her usual buildings to provide coverage. She indicated she had been assisting with clinical oversight during the last week due to vacation time for the corporate nurse who usually assists with clinical oversight.</p>	F000225	1. The Executive Director was suspended immediately pending investigation. An Interim Executive Director was placed effective 7/12/2014. As a result of the investigation, the Executive Director has been terminated from the position. The facility was able to identify Resident D, G, & H based on the information provided. Resident D, G, & H were interviewed for any additional concerns. Any further concerns that were identified have been followed up per regulation	07/15/2014

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	<p>In an interview with Corporate Nurse #2 on 7-14-14 at 1:50 p.m., she indicated she recalled speaking to a staff CNA in late May, 2014 regarding concerns related to improperly labeled lab specimens. She indicated the CNA was concerned that the CNA's were doing something incorrectly by transporting lab specimens to an area laboratory. She indicated the Administrator had apparently questioned facility nursing staff as to why they had requested staff CNA's to transport improperly labeled lab specimens to an area laboratory and then be asked to label the lab specimen with a resident's name. Corporate Nurse #2 indicated she did not recall any other concerns that were voiced by this particular CNA, "that I have in my documentation."</p> <p>The Immediate Jeopardy that began on 5-27-14 was removed 7-14-14, with an effective date of 7-11-14, when an interim Administrator was appointed to replace the previous Administrator. Additionally, staff education was initiated on 7-11-14 regarding abuse and abuse prevention, which included education on identification of abuse, how to report abuse, when to report abuse, to whom to report abuse and timeliness of abuse reporting without fear of reprisal.</p>		<p>and policy and procedures. The attending physician was notified. The careplan has been updated as applicable. The facility was unable to identify the identity of Resident F & J. 2. All residents have the potential to be affected. Resident and family interviews were initiated on 7/10/2014 to identify any allegations of abuse or events that may constitute abuse. Resident and family interviews were completed by 7/11/2014. All findings were investigated and if applicable reported to the Executive Director or Designee and to other officials in accordance with state law. On July 11, 2014 the District staff will had a meeting with Residents to provide the Kindred Compliance telephone number and reassure to all residents and families on Abuse Prevention with emphasis on information on how and to and whom they report concerns, incidents and complaints/concerns without the fear of retribution; and provide feedback regarding the concerns that have been expressed. External Social Services workers were deployed and initiated resident 1:1 visits for reassurance and identification of any concerns or grievances. Contract services for social services will continue resident and family interviews and 1:1 encounters to provide additional monitoring while reestablishing an environment free of reprisal.</p>	

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	<p>Information was also initiated on 7-11-14 to residents and/or families of residents on how and to whom to report any concerns, including abuse or other concerns without fear of reprisal. Even though the facility's corrective action removed the Immediate Jeopardy, the facility remained out of compliance at a reduced scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy because of on-going monitoring to ensure all allegations of abuse were investigated and reported.</p> <p>This federal tag relates to Complaints IN00151904 and IN00152091.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p>		<p>3.The Staff Development Coordinator &/or designee provided education to staff as they reported for their next scheduled shift on Abuse and responding to and investigating an Abuse Allegation with emphasis on who to report abuse to in accordance with State law. The District team, as well as the Interim Executive Director, educated the staff and provided the district telephone number and the Kindred corporate compliance number to help ensure the staff that there are additional resources in regards to reporting concerns without free of reprisal and if the concern involves the Executive Director. Education will continue until all staff are in-serviced and staff will not be allowed to work until education is completed. New employees will receive the same education in new-hire orientation. The Staff Development Coordinator will provide this education quarterly to all staff. 4. The Executive Director &/or Designee will complete 15 interviews with residents, families and staff weekly for thirty days, then 10 interviews weekly for thirty days, then 5 interviews weekly for thirty days. After the initial ninety days, 40 interviews will be completed quarterly as an on going practice of this facility. All findings will be reported to the Executive Director and all allegations of violations will be</p>		

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F000226 SS=L	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>In an interview with Corporate Nurse #1 on 7-14-14 at 1:35 p.m., she indicated any report related to any situation of this facility would not have gone to her in May, 2014, as this was not one of her usual buildings to provide coverage. She</p>	F000226	<p>investigated and reported immediately to the officials in accordance with state law. Any trends identified through the interviews will be reviewed monthly by the facility's Performance Improvement Committee with appropriate action taken if necessary. A member of the District Team will visit the facility at a minimum of weekly. During this visit, the team member will be available to residents, families and staff members to have the ability to voice any concerns. The grievance log will be reviewed on these visits to ensure proper follow-up has occurred to any identified concerns. A district team member will attend the facility's monthly Performance Improvement Committee for the next 90 days to provide guidance and over sight.</p> <p>1. The Executive Director was suspended immediately pending investigation. An Interim Executive Director was placed effective 7/12/2014. As a result of the investigation, the Executive Director has been terminated from the position. The facility was</p>	07/15/2014	

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	<p>indicated she had been assisting with clinical oversight during the last week due to vacation time for the corporate nurse who usually assists with clinical oversight.</p> <p>In an interview with Corporate Nurse #2 on 7-14-14 at 1:50 p.m., she indicated she recalled speaking to a staff CNA in late May, 2014 regarding concerns related to improperly labeled lab specimens. She indicated the CNA was concerned that the CNA's were doing something incorrectly by transporting lab specimens to an area laboratory. She indicated the Administrator had apparently questioned facility nursing staff as to why they had requested staff CNA's to transport improperly labeled lab specimens to an area laboratory and then be asked to label the lab specimen with a resident's name. Corporate Nurse #2 indicated she did not recall any other concerns that were voiced by this particular CNA, "that I have in my documentation."</p> <p>The Immediate Jeopardy that began on 5-27-14 was removed 7-14-14, with an effective date of 7-11-14, when an interim Administrator was appointed to replace the previous Administrator. Additionally, staff education was initiated on 7-11-14 regarding abuse and</p>		<p>able to identify Resident D, G, & H based on the information provided. Resident D, G, & H were interviewed for any additional concerns. Any further concerns that were identified have been followed up per regulation and policy and procedures. The attending physician was notified. The careplan has been updated as applicable. The facility was unable to identify the identity of Resident F & J. 2. All residents have the potential to be affected. Resident and family interviews were initiated on 7/10/2014 to identify any allegations of abuse or events that may constitute abuse. Resident and family interviews were completed by 7/11/2014. All findings were investigated and if applicable reported to the Executive Director or Designee and to other officials in accordance with state law. On July 11, 2014 the District staff will had a meeting with Residents to provide the Kindred Compliance telephone number and reassure to all residents and families on Abuse Prevention with emphasis on information on how and to and whom they report concerns, incidents and complaints/concerns without the fear of retribution; and provide feedback regarding the concerns that have been expressed. External Social Services workers were deployed and initiated resident 1:1 visits for reassurance and identification of</p>				

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	<p>abuse prevention, which included education on identification of abuse, how to report abuse, when to report abuse, to whom to report abuse and timeliness of abuse reporting without fear of reprisal. Information was also initiated on 7-11-14 to residents and/or families of residents on how and to whom to report any concerns, including abuse or other concerns without fear of reprisal. Even though the facility's corrective action removed the Immediate Jeopardy, the facility remained out of compliance at the lower scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy, because of on-going monitoring to ensure the abuse policy and procedures were implemented.</p> <p>This federal tag relates to Complaints IN00151904 and IN00152091.</p> <p>3.1-28(a)</p>		<p>any concerns or grievances. Contract services for social services will continue resident and family interviews and 1:1 encounters to provide additional monitoring while reestablishing an environment free of reprisal. 3.The Staff Development Coordinator &/or designee provided education to staff as they reported for their next scheduled shift on Abuse and responding to and investigating an Abuse Allegation with emphasis on who to report abuse to in accordance with State law. The District team, as well as the Interim Executive Director, educated the staff and provided the district telephone number and the Kindred corporate compliance number to help ensure the staff that there are additional resources in regards to reporting concerns without free of reprisal and if the concern involves the Executive Director. Education will continue until all staff are in-serviced and staff will not be allowed to work until education is completed. New employees will receive the same education in new-hire orientation. The Staff Development Coordinator will provide this education quarterly to all staff. The policy has been updated to reflect who to report to if the allegation includes the Executive Director. 4. The Executive Director &/or Designee will complete 15 interviews with</p>		

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F000490 SS=L	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or		residents, families and staff weekly for thirty days, then 10 interviews weekly for thirty days, then 5 interviews weekly for thirty days. After the initial ninety days, 40 interviews will be completed quarterly as an on going practice of this facility. All findings will be reported to the Executive Director and all allegations of violations will be investigated and reported immediately to the officials in accordance with state law. Any trends identified through the interviews will be reviewed monthly by the facility's Performance Improvement Committee with appropriate action taken if necessary. A member of the District Team will visit the facility at a minimum of weekly. During this visit, the team member will be available to residents, families and staff members to have the ability to voice any concerns. The grievance log will be reviewed on these visits to ensure proper follow-up has occurred to any identified concerns. A district team member will attend the facility's monthly Performance Improvement Committee for the next 90 days to provide guidance and over sight.		

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	<p>maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>In an interview with Corporate Nurse #1 on 7-14-14 at 1:35 p.m., she indicated any report related to any situation of this facility would not have gone to her in May, 2014, as this was not one of her usual buildings to provide coverage. She indicated she had been assisting with clinical oversight during the last week due to vacation time for the corporate nurse who usually assists with clinical oversight.</p> <p>In an interview with Corporate Nurse #2 on 7-14-14 at 1:50 p.m., she indicated she recalled speaking to a staff CNA in late May, 2014 regarding concerns related to improperly labeled lab specimens. She indicated the CNA was concerned that the CNA's were doing something incorrectly by transporting lab specimens to an area laboratory. She indicated the Administrator had apparently questioned facility nursing staff as to why they had requested staff CNA's to transport improperly labeled lab specimens to an area laboratory and then be asked to label the lab specimen with a resident's name. Corporate Nurse #2 indicated she did not recall any other concerns that were voiced by this</p>	F000490	<p>1. The Executive Director was suspended immediately pending investigation. An Interim Executive Director was placed effective 7/12/2014. As a result of the investigation, the Executive Director has been terminated from the position. The facility was able to identify Resident D, G, & H based on the information provided. Resident D, G, & H were interviewed for any additional concerns. Any further concerns that were identified have been followed up per regulation and policy and procedures. The attending physician was notified. The careplan has been updated as applicable. The facility was unable to identify the identity of Resident F & J. 2. All residents have the potential to be affected. Resident and family interviews were initiated on 7/10/2014 to identify any allegations of abuse or events that may constitute abuse. Resident and family interviews were completed by 7/11/2014. All findings were investigated and if applicable reported to the Executive Director or Designee and to other officials in accordance with state law. On July 11, 2014 the District staff will had a meeting with Residents to provide the Kindred Compliance telephone number and reassure to all residents and families on Abuse Prevention with emphasis</p>	07/15/2014

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	<p>particular CNA, "that I have in my documentation."</p> <p>The Immediate Jeopardy that began on 5-27-14 was removed 7-14-14, with an effective date of 7-11-14, when an interim Administrator was appointed to replace the previous Administrator. Additionally, staff education was initiated on 7-11-14 regarding abuse and abuse prevention, which included education on identification of abuse, how to report abuse, when to report abuse, to whom to report abuse and timeliness of abuse reporting without fear of reprisal. Information was also initiated on 7-11-14 to residents and/or families of residents on how and to whom to report any concerns, including abuse or other concerns without fear of reprisal. Even though the facility's corrective action removed the Immediate Jeopardy, the facility remained out of compliance at the lower scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy because of on-going monitoring to ensure residents were free of abuse.</p> <p>This federal tag relates to Complaints IN00151904 and IN00152091.</p> <p>3.1-13(q)</p>		<p>on information on how and to and whom they report concerns, incidents and complaints/concerns without the fear of retribution; and provide feedback regarding the concerns that have been expressed. External Social Services workers were deployed and initiated resident 1:1 visits for reassurance and identification of any concerns or grievances. Contract services for social services will continue resident and family interviews and 1:1 encounters to provide additional monitoring while reestablishing an environment free of reprisal. 3.The Staff Development Coordinator &/or designee provided education to staff as they reported for their next scheduled shift on Abuse and responding to and investigating an Abuse Allegation with emphasis on who to report abuse to in accordance with State law. The District team, as well as the Interim Executive Director, educated the staff and provided the district telephone number and the Kindred corporate compliance number to help ensure the staff that there are additional resources in regards to reporting concerns without free of reprisal and if the concern involves the Executive Director. Education will continue until all staff are in-serviced and staff will not be allowed to work until education is completed. New</p>	

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			employees will receive the same education in new-hire orientation. The Staff Development Coordinator will provide this education quarterly to all staff. The policy has been updated to reflect who to report to if the allegation includes the Executive Director. 4. The Executive Director &/or Designee will complete 15 interviews with residents, families and staff weekly for thirty days, then 10 interviews weekly for thirty days, then 5 interviews weekly for thirty days. After the initial ninety days, 40 interviews will be completed quarterly as an on going practice of this facility. All findings will be reported to the Executive Director and all allegations of violations will be investigated and reported immediately to the officials in accordance with state law. Any trends identified through the interviews will be reviewed monthly by the facility's Performance Improvement Committee with appropriate action taken if necessary. A member of the District Team will visit the facility at a minimum of weekly. During this visit, the team member will be available to residents, families and staff members to have the ability to voice any concerns. The grievance log will be reviewed on these visits to ensure proper follow-up has occurred to any identified concerns. A district team member will attend the		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			facility's monthly Performance Improvement Committee for the next 90 days to provide guidance and over sight.		