

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 02/13/2015
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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 Complaint IN00164306.</p> <p>Complaint IN00164306 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: February 12 and 13, 2015</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 143 Total: 143</p> <p>Census payor type: Medicare: 12 Medicaid: 104 Other: 27 Total: 143</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>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</p>	
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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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F000282 SS=D	<p>Quality Review completed on February 17, 2015, by Brenda Meredith, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow Physician's Order to measure blood glucose (sugar) levels four times daily in 1 of 3 residents reviewed for quality of care (Resident A).</p> <p>Finding includes:</p> <p>Resident A's closed record was reviewed on 2/12/2015 at 10:10 a.m. The diagnoses included, but were not limited to, stage IV (severe) chronic kidney disease requiring dialysis, insulin dependent diabetes, drug-induced delirium, hypertension, depression, and anxiety. The resident was admitted to the facility on 12/29/2014 and was discharged to the hospital on 1/15/2015.</p> <p>The Admission Minimum Data Set</p>	F000282	F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS PER CARE PLAN I. Resident A no longer resides in the facility. II. All residents currently residing in the facility with a diagnosis of diabetes have the potential to be affected. Records of residents currently residing in the facility were reviewed and no other residents were found to be affected. III. All residents currently residing in the facility with a diagnosis of diabetes have been reviewed and if needed had their blood sugar monitoring orders re-written and clarified including call parameters and times of blood sugar monitoring. All residents with diabetes monitoring have all new flow sheets placed in their medication administration record. RN #1 and RN # 3 had previously received education and were re-educated regarding insulin administration,	03/04/2015

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	<p>(MDS) assessment, dated 1/7/2015, indicated a Brief Interview for Mental Status (BIMS) score of 12; indicating he was cognitively intact. He required extensive, one person physical assist for most ADLs (Activities of Daily Living). The Physician's Orders, dated 12/29/2014, indicated, "Blood Sugars QID [four times daily] 7 a [a.m.], 11 a, 5 [p.m.], 9 p....Lantus [long-acting insulin] 100 u [units]/ml [milliliter] 70 u sc [subcutaneous injection] daily [at 9:00 p.m.]...."</p> <p>The Diabetic Monitoring Flow Sheets, dated 12/30/14 through 1/14/2015, indicated blood glucose was routinely tested/documented three times daily; at 7:00 a.m., 11:00 a.m. and 5:00 p.m. There was no evidence on the Diabetic Monitoring Flow Sheet that the 9:00 p.m. blood sugars were checked.</p> <p>The Diabetic Monitoring Flow Sheet, dated 1/8/2015, indicated a blood glucose reading of 58 mg/dl (milligrams/deciliter) at 5:00 p.m. The next documented blood glucose reading was dated 1/9/2015 at 7:00 a.m., and indicated, "85."</p> <p>The Physician's Orders, dated and signed by RN #1 on 1/9/2015 at 6:20 a.m.,</p>		<p>management and documentation. All licensed nursing staff have received education regarding not pre-filling diabetes monitoring sheets at the start of the month. All licensed nursing staff have received education regarding documentation of blood sugar monitoring and when to notify the MD. All licensed nursing staff have received education regarding administration of insulin. All licensed nursing staff have received education regarding hypoglycemic protocol. The pharmacy has assisted the facility in implementing clearly and concisely the hypoglycemic protocol on a diabetes flow sheet that identify procedures to follow. Pharmacy has assisted the facility with clarification of diabetes flow sheets to ensure that resident's blood sugar monitoring orders appear on the flow sheet. When new insulin orders are received, the nurse receiving the order is to place the new order on the MAR and discontinue the previous orders. The Unit Manager will check that the new order is placed properly on the MAR. At the end-of-the month reconciliation of medication orders, two licensed nurses will ensure that orders have been transcribed properly. IV. The Director of Nursing or designee will audit the diabetes flow sheets of resident's with blood sugar monitoring orders to ensure that all blood sugar results are</p>				

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	<p>indicated, "STAT [now] Glucagen [fast-acting glucose/sugar used to correct hypoglycemia low blood sugar] 1mg [milligram] vial - give 1 ml [milliliter] IM/Sub Q [injection] for low BS [blood sugar] (one time order)."</p> <p>During an interview with RN # 1 on 2/12/2015 at 10:55 a.m., she pointed to Resident B's Diabetic Monitoring Flow Sheet, contained in a folder on the medication cart, and indicated staff know how often to check each residents' blood sugar by looking at the Diabetic Monitoring Flow Sheet and Physician's Orders.</p> <p>The Corporate Clinical Nurse was interviewed on 2/12/2015 at 3:27 p.m. She indicated, "We have [had an issue with nursing staff not checking blood sugars as ordered prior to administering insulin]...we identified the nurse. It was [RN #3]. We in serviced everyone and did audits."</p> <p>During an interview on 2/12/2015 at 4:10 p.m., the Director of Nursing (DON) indicated nursing staff was not routinely checking Resident A's blood glucose level prior to administering the 9:00 p.m. scheduled dose of Lantus insulin. She indicated staff was checking blood glucose according to the times listed on</p>		<p>correctly documented on the flow sheet, MD properly notified and proper amount of insulin is administered for 5 of 7 days a week for 30 days, then 3 times a week for 30 days, then weekly for 30 days, then monthly for 6 months. Any issues noted will be immediately corrected. The results of audits will be reported to the monthly Performance Improvement Committee. The Committee will determine if the audits can be discontinued.</p>		

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	<p>the Diabetic Monitoring Flow Sheet, which had been filled out incorrectly by nursing staff, instead of the following the Physician's Order.</p> <p>A copy of Performance Improvement Form, dated 1/30/2015, was provided by the DON on 2/13/2015 at 9:25 a.m. The Reason for Counseling/Corrective Action indicated, "Employee [RN # 1] gave long acting insulin and did not check a blood sugar on resident prior to administering the insulin. After family questioned the nurse giving the insulin without the blood sugar, she checked his blood sugar throughout the night. Did not look at MD [physician] orders and relied on diabetic flow sheet."</p> <p>A copy of Diabetes/Insulin Administration Attendance Roster, dated 1/12/2015, was provided by the DON on 2/13/2014. The document indicated seven licensed nursing staff attended, but neither RN #1 nor RN #3 was listed.</p> <p>On 2/13/15 at 9:27 a.m., the DON indicated she discovered the error, on 1/9/2015, when the family came to her with concerns. She indicated, "I checked everyone's orders on that hall [Moving Forward] and he was the only one." She indicated she did not document her audit and did not audit the rest of the facility.</p>						

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	<p>She indicated she intended to audit the rest of the facility "by the end of the month." The DON indicated she did not know what Resident A's blood glucose reading was at time of the 1/9/2015 STAT Glucagen order and that the blood glucose should have been documented. She indicated there was no documentation related to Resident A's blood glucose levels, condition, or follow up related to the 1/9/2015 STAT Glucagen order.</p> <p>On 2/13/2015 at 10:48 a.m., the DON indicated she had checked Resident A's glucometer (machine used to check blood glucose levels) history and his blood glucose prior to the STAT Glucagen order was 27 mg/dl (dangerously low).</p> <p>RN #1 was interviewed via phone on 2/13/2015 at 10:49 p.m. She indicated she worked the night shift beginning on 1/8/2015. She indicated, "I came in the night before [the morning of 1/9/2015]....He was not symptomatic what-so-ever...he was a little clammy....It [blood sugar] was 27 at 6 [a.m.]. I gave him Glucagen at 6:10 [a.m.]. It [blood sugar] was 54 when I checked it 15 minutes after that [administering Glucagen], then it [blood sugar] went up to 85. I only recorded the last one [blood sugar indicating "85" at 7:00 a.m.]...I just</p>			

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	<p>recorded the good one. I wasn't sure that we were supposed to record every one [blood sugar] on that sheet [Diabetic Monitoring Flow Sheet]."</p> <p>A copy of the current Blood Glucose Monitoring using a [brand name] Glucometer was provided by the ED (Executive Director) on 2/12/2015 at 10:34 a.m. The procedure included, but was not limited to, "1. Check physician's order for blood sugar testing...."</p> <p>A copy of the current Medication Management Policy and Procedure was provided by the ED on 2/12/2015 at 10:34 a.m. The procedure included, but was not limited to, "...3. Authorized staff who administer medications are responsible for staying proficient in administering medication following evidence-based practice guidelines....9. Each month physician's orders, medication administration records and treatment records are validated for accuracy...."</p> <p>A copy of the current Physician's Orders Policy and Procedure was provided by the DON on 2/13/2015 at 10:42 a.m. The procedure included, but was not limited to, "...32. Write orders correctly: a. Be sure all components of the order are present....g. Transcribe the order onto the</p>			

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	<p>correct chart form...."</p> <p>A copy of the current Hypoglycemia Policy and Procedure was provided by the DON on 2/13/2015 at 10:42 a.m. The procedure included, but was not limited to, "...4. Test the resident's blood glucose and record the results."</p> <p>This Federal tag relates to the Investigation of Complaint IN00164306.</p> <p>3.1-35(g)(2)</p>			