

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/31/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00205195, IN00207832, and IN00208487.</p> <p>Complaint IN00205195 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00207832 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, and F309.</p> <p>Complaint IN00208487 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, and F309.</p> <p>Survey dates: August 29, 30, & 31, 2016</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 4 Medicaid: 63 Other: 17</p>	F 0000	<p>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.</p>	

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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F 0157 SS=D Bldg. 00	<p>Total: 84</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 9/2/16.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse</p>			

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	<p>consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's Physician related to a treatment not being completed as ordered due to not being available, for 1 of 6 residents reviewed for Physician notification in a total sample of 6. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 08/30/16 at 4:30 p.m. The resident's diagnoses included, but were not limited to chronic obstructive pulmonary disease, diabetes mellitus, and cellulitis of the bilateral lower extremities.</p> <p>A Wound Specialist Physician's Progress Note, dated 07/08/16, indicated the</p>	F 0157	<p>The facility respectfully requests desk review for this deficiency F 157 1. Resident # B has been reassessed for venous stasis wound interventions with her plan of care updated as needed. Her physician has been advised and consulted as well. 2. The Director of Nursing or designee will review resident records for any residents not receiving treatment which requires physician notification for the last 60 days to ensure proper physician notification has occurred. 3. The Staff Development Coordinator or designee will in-service licensed nurses on the Kindred policy and procedures related to physician notification for residents not receiving a treatment due to any reason. The Staff Development Coordinator or designee will</p>	09/30/2016

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	<p>resident had a venous wound to the left, upper, lateral calf with severe edema and stasis dermatitis. The Assessment and Plan indicated to wrap from the toes to above the knees of both lower extremities with ACE bandages (elastic wrap for compression) apply at 7 a.m. and remove at 7 p.m.</p> <p>A Physician's Order, dated 07/08/16 (Friday), indicated to use Ace wrap from the toes to above the knee on both lower extremities, apply in the morning and remove at bedtime.</p> <p>The Treatment Administration Record, dated 07/2016, indicated the bilateral lower extremity wraps were not applied on July 9, 10, 11, 12, 13, 14, and 15, 2016.</p> <p>The Nurses' Progress Notes indicated the Ace wraps were not applied due to: 07/09/16 at 11:23 a.m.- "...ace wraps on order" 07/10/16 at 12:47 p.m. - "...on order" 07/11/16 at 2:40 p.m. - "...Refused" 07/12/16 at 12:49 p.m. - "...on order" 07/13/16 at 1:09 p.m. - "...on order" 07/14/16 at 10:30 a.m. - "...awaiting delivery" 07/15/16 at 2:04 p.m. - "...no ace wraps available"</p>		<p>review the Physician Notification policy and procedure with appropriate new hires during orientation. Licensed nurses will follow policy and procedure related to physician notification.</p> <p>4. The Director of Nursing or designee will review resident records for any residents not receiving treatment which requires physician notification to ensure policy and procedure has been followed. The Director of Nursing or designee will monitor through the morning clinical team review 3 times per week and assure any required physician notification has taken place as needed. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. 5. Date of completion: 09/30/16</p>	

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	<p>The resident's Physician and/or Wound Specialist had not been notified of the Ace wraps not being available and not applied.</p> <p>During an interview on 08/30/16 at 9:10 a.m., the Director of Nursing (DON) indicated the order for the Ace wraps was obtained on a weekend and the Nurse had not called anyone. The DON indicated the Ace wraps were available from Central Supply. The DON acknowledged there was no indication the Physician and/or Wound Specialist was notified of the Ace wrap treatment not being applied.</p> <p>A facility policy, dated 05/28/2015, titled, "Condition Change of Patient", received from the DON as current, indicated, "...Non-Immediate Notification: The physician should be informed of the problem or event during office hours and generally no later than the next regular office day. If a non-immediate event occurs on a weekend or holiday, good nursing judgement shall determine if the notification could wait until the next office day or should be made during the weekend or holiday..."</p> <p>This Federal Tag relates to Complaints IN00207832 and IN00208487.</p>			

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F 0282 SS=D Bldg. 00	<p>3.1-5(a)(3)</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 observation, record review, and interview, the facility failed to follow Physician's Orders and care plans, related to a treatment for cellulitis and venous stasis ulcers and fall precautions, for 2 of 6 residents reviewed for Physician's Orders and care plans, in a total sample of 6. (Resident #B and #D)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 08/30/16 at 4:30 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes mellitus, and cellulitis of the bilateral lower extremities.</p> <p>A Wound Care Specialist Evaluation, dated 08/12/16, indicated the resident had</p>	F 0282	<p>The facility respectfully requests desk review for this deficiency F 282 1. A. Resident #B has had her orders for venous stasis wounds reviewed with the physician and the orders have been clarified, and the care plan updated. B. Resident #D now has the assistance bars on his toilet to assist with transfers to the toilet as recommended in his fall prevention care plan. 2. The Director of Nursing or designee will review physician telephone orders and fall care plan interventions for the past 60 days to ensure proper order transcription and implementation of interventions has taken place. 3. The Staff Development Coordinator or designee will in-service the Licensed Nurses regarding the procedure on transcription of physician orders. The Staff Development</p>	09/30/2016	

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	<p>a venous wound on the right shin and a resolved venous wound on the left upper, lateral calf. The Assessment and Plan indicated to apply a foam dressing three times a week to the right shin venous wound.</p> <p>The Treatment Administration Record (TAR), dated 08/2016, indicated the order had not been transcribed to the TAR to indicate the treatment had been completed as ordered by the Wound Care Specialist on 08/12/16 through 08/27/16.</p> <p>A Wound care Specialist Evaluation, dated 08/26/16 (next visit after 08/12/16), indicated the resident had venous wound of the right with no change in status and of the left shin. The Assessment and Plan indicated to continue the foam dressing three times a week with compression therapy to the right shin and a foam dressing and compression therapy to the left shin daily.</p> <p>The TAR, dated 08/2016, indicated, "Apply foam dressing to bilat (bilateral) lower extremities, wrap with kerlix (gauze wrap) then wrap with 2 layers of ace wraps to both legs from toes to knees QD (daily)..." The TAR indicated by initials the treatment was completed on 08/27/16 through 08/30/16 daily.</p>		<p>Coordinator will also in-service the facility staff regarding the procedure for fall care plan implementation and following resident's plan of care. Licensed nurses will follow policy and procedures related to transcription of physician orders and fall care plan implementation.</p> <p>4. The Director of Nursing or designee will review 3X/week through the clinical meeting physician wound orders and subsequent transcription of orders to ensure physician orders are being followed. In addition, IDT team members and assigned Angels will review weekly the Fall Prevention Care Plans to ensure recommended interventions are in place . The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. 5. Date of completion: 09/30/16</p>	

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	<p>During an interview on 08/30/16 at 8:50 a.m., the Assistant Director of Nursing (ADON) indicated the 08/12/16 order for the foam dressing had not been typed into the computer and was not transcribed onto the TAR for the foam dressing to the right shin three times a week. The ADON indicated the treatment had not been completed 08/12/16 through 08/27/16. The ADON indicted the foam dressing was being applied daily and not three times a week to the right shin from 08/27/16 to 08/30/16.</p> <p>2. During an observation on 08/30/16 at 8:25 a.m. and 2:15 p.m., there were no bars around Resident #D's toilet.</p> <p>Resident #D's record was reviewed on 08/30/16 at 10:10 a.m. The resident's diagnoses included, but were not limited to, dementia and congestive heart failure.</p> <p>A Nurses' Progress Note, dated 08/12/16 at 9:14 a.m., indicated the resident had a fall on 08/11/16 due to self transfer to the toilet. The note indicated assistant bars will be placed around the toilet to assist the resident with transfers.</p> <p>A care plan dated 06/22/16, indicated the resident was a risk for falls. The interventions included, 08/12/16 - assist bars in the bathroom.</p>			

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	<p>During an interview on 08/30/16 at 2:15 p.m., the Director of Nursing (DON) indicated there were no assist bars around the toilet.</p> <p>During an interview on 08/30/16 at 3:10 p.m., the Director of Maintenance indicated therapy ordered the assist bars and sometimes they take a long time to be delivered to the facility.</p> <p>During interviews on 08/30/16 at 3:30 p.m., the Administrator indicated the DON placed a work order for the rails and the rails were ordered on 08/19/16. The Director of Maintenance indicated the rails were normally in stock and he was not sure where the work order was located.</p> <p>An invoice indicated an adjustable toilet safety rail was ordered on 08/19/16.</p> <p>This Federal Tag relates to Complaints IN00207832 and IN00208487.</p> <p>3.1-35(g)(2)</p>			

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F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to provide necessary care and services to a resident related to no assessment of a new skin condition and applying a treatment to the new skin condition without a Physician's Order, for 1 of 4 residents reviewed for skin conditions in a total sample of 6. (Resident #G)</p> <p>Finding includes:</p> <p>During an observation on 08/30/16 at 11:45 a.m., RN #1 was completing Resident #G's treatment to the resident's left lower extremity.</p> <p>RN #1 indicated the resident had two tubigrips (leg covers) on the left leg and removed the first tubigrip. The second tubigrip had a small red area which had seeped through from the front of the left shin and the tubigrip was difficult to pull off. RN #1 soaked the area with normal</p>	F 0309	<p>The facility respectfully requests desk review for this deficiency F 309</p> <p>1. Resident # G has been reassessed for skin condition interventions with her plan of care updated as needed. Her physician has been advised and consulted as well.</p> <p>2. A skin assessment on all residents in the facility will be done to ensure all skin condition areas are documented, have a treatment in place, and the MD, resident and/or POA is aware.</p> <p>3. The Staff Development Coordinator or designee will in-service the licensed nurses on the policy and procedure for wound care treatment and the importance of following physician orders. The Staff Development Coordinator or designee will also assess competencies of licensed nurses for skin assessments and wound treatments. Licensed nurses will follow policy and procedure related to skin assessments and MD notification of a change in resident condition.</p> <p>4. The Director of Nursing or designee</p>	09/30/2016

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	<p>saline and was able to remove the tubigrip from the leg. There was an open area without slough/necrotic tissue with clear drainage observed on the resident's shin, which was uncovered. There was a kerlix (gauze wrap) dressing around the resident's left heel and ankle. RN #1 removed the kerlix dressing, which covered an open area on the resident's left inner ankle. RN #1 cleansed both areas and the left lower leg with normal saline and applied hydrocortisone cream (cream for inflammation and itching) to the resident's leg around the open areas. RN #1 then applied a damp normal saline gauze with Santyl (debridement agent) over the area on the resident's left inner ankle. RN #1 then applied a damp normal saline gauze with Santyl over the resident's open area on the resident's shin and then covered the areas with kerlix and reapplied the tubigrips to the resident's left leg.</p> <p>Resident #G's record was reviewed on 08/30/16 at 3:40 p.m. The resident's diagnoses included, but were not limited to, dementia, peripheral vascular disease with ulcers, and diabetes mellitus.</p> <p>A Physician's Order dated 08/12/16 indicated, to apply Santyl Ointment with a damp to dry dressing to the ulcer on the left medial ankle daily, apply</p>		<p>will review weekly resident skin assessments for any new areas to ensure policy and procedure is being followed. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. 5. Date of completion: 09/30/16</p>		

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	<p>hydrocortisone cream to the skin surrounding the ulcer daily.</p> <p>A Wound Clinic Note, dated 08/29/16, indicated the resident had one stasis ulcer on the left medial ankle.</p> <p>A Nurses' Progress Note, dated 08/30/16 at 12 p.m., indicated normal saline wash to the left medial ankle and shin with Santyl ointment was applied to the open areas and covered with a damp to dry gauze was applied to the open areas.</p> <p>During an interview on 08/30/16 at 3:45 p.m., RN #1 indicated there was no order for a treatment for the left shin open area. RN #1 stated, "I thought it was the same as the wet to dry dressing the ankle had."</p> <p>During an interview on 08/30/16 at 4:15 p.m., the Assistant Director of Nursing (ADON)/Wound Nurse, indicated RN #1 had not informed her the resident had a new area on the left shin. The ADON indicated if a new area was found, the Nurse was to fill out a pressure/non-pressure form and assess the area and let the DON (Director of Nursing) and Physician know about the area.</p> <p>During an interview on 08/30/16 at 4:20 p.m., the DON indicated there was no</p>			

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	<p>order for the treatment of the left shin area and RN #1 would have to remove the Santyl from the left shin, the area would need to be assessed, and the Physician would need to be notified.</p> <p>During an interview on 08/30/16 at 4:40 p.m., the ADON indicated the left shin had been treated without a Physician's Order.</p> <p>During an interview on 08/30/16 at 4:50 p.m., the DON indicated the open area was a new area. The DON indicated the Wound Clinic was notified and they had no knowledge of the area on the left shin.</p> <p>A Nurses' Progress Note, dated 08/30/16 at 5 p.m., indicated the resident's Physician was notified of the new area on the left shin, which measured 1.4 centimeter (cm) by 1 cm by 0.1 cm in depth, red in color and a new order to apply bacitracin ointment to the area daily was received.</p> <p>A facility policy, titled, "Condition Change of a Patient", dated 05/28/2015, and received by the DON as current, indicated, "...Complete a full assessment...Update the patient's care plan..."</p> <p>This Federal Tag relates to Complaints</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2016
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517		
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	IN00207832 and IN00208487. 3.1-37(a)				