

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00167075.</p> <p>Complaint IN00167075-Substantiated Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: March 2, 3, and 4, 2015</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Survey team: Barbara Gray, RN-TC Diana Sidell, RN Angel Tomlinson, RN (March 4, 2015)</p> <p>Census bed type: SNF/NF: 127 Total: 127</p> <p>Census payor type: Medicare: 15 Medicaid: 75 Other: 37 Total: 127</p> <p>Sample: 6</p>	F 000	<p>March 18, 2014 Indiana State Department of Health2 N. MeridianIndianapolis, IN 46204 RE: Kindred Transitional Care and Rehabilitation-Greenfield Plan of Correction Credible Allegation of Compliance, and Request for Desk Review Dear Kim Rhoades, On March 3, 2014, surveyors from the Indiana State Department of Health completed an inspection at Kindred Transitional Care and Rehabilitation- Greenfield. As a result of the inspection, the surveyors alleged that the Center was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the HCFA-2567L with the Center's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Center of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies. Please also consider this letter and the Plan of Correction to be the Center's credible allegation of compliance. The center will achieve substantial compliance with the applicable certification requirements on March 24, 2015. Please notify me immediately if you do not find the Plan of</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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F 309 SS=D Bldg. 00	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 12, 2015 by Cheryl Fielden, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 interview and record review, the facility failed to asses a resident's right heel wound and change the wound dressing as ordered, for 1 of 3 residents sampled for pressure ulcers. (Resident #A)</p>	F 309	<p>Correction to be written credible evidence of the Center's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with additional evidence of compliance so you may certify that the center is in substantial compliance with the applicable requirements. This letter is also our request for a desk review to verify that the Center achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.</p> <p>Thank you for your assistance with this matter. Please call me if you have any questions. Sincerely, Robert Newcomer, HFAExecutive Director(317) 462-3311</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</p>	03/24/2015

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	<p>Findings include:</p> <p>Resident #A's record was reviewed on 3/3/15 at 10:05 a.m. He was admitted to the facility on 1/5/15. His diagnoses included but were not limited to, insulin dependent diabetes mellitus, diabetic neuropathy, coronary artery disease, hypertension, and cerebral vascular accident with hemiplegia.</p> <p>A Hospitalist-Discharge Summary for Resident #A dictated 1/5/15, indicated "Diabetic foot ulcer Course: Does not look particularly infected but is necrotic. Continue (brand name antibiotic). Wound Consulted, appreciate their help. Follow up with Wound Clinic on Monday."</p> <p>A Care Plan for Resident #A initiated 1/9/15, indicated "has actual impairment to skin integrity." Interventions included but were not limited to, "Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx (signs and symptoms) of infection, maceration, etc. to MD."</p> <p>Resident #A's Admission Minimum Data Set (MDS) assessment dated 1/12/15, indicated he had clear speech, was</p>		<p>and/or executed solely because it is required by the provisions of federal and state law F309 483.25 Provide Care/Services for Highest Well Being I. Resident # A no longer resides at the facility II. All residents identified with a wound have been assessed for any signs and symptoms of a wound infection and the wound dressing changes, as ordered by the physician, have been monitored for completion. No other resident was found to be affected by the deficient practices III. The nursing staff have been re-educated on the signs and symptoms of a possible wound infection and the notification practices for each respective discipline, i.e Certified nursing assistant to Licensed nurse, Licensed nurse to physician. The licensed nurses have been re-educated on the timely completion of wound dressing changes as ordered by the physician. The unit managers/designee will audit the Treatment Administration records for completion of dressing changes. The unit manager/designee will visually observe the wounds for signs or infection and verify that the wound dressings are completed as ordered. These audits will be completed 3 times a week for one month, then weekly for a minimum of six months and then will continue if 100% is not achieved. IV. The Director of</p>				

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	<p>understood, and he understood others. His Brief Interview for Mental Status (BIMS) exam indicated he was cognitively intact in his daily decision making skills. He had 1 unhealed pressure ulcer that was unstageable due to coverage of the wound bed by slough and/or eschar that was present on admission.</p> <p>A Weekly Pressure Ulcer report documented by the facility for Resident #A dated 1/12/15 at 3:10 p.m., indicated he had an unstageable right heel pressure ulcer that was first observed on his admission date 1/5/15. The pressure ulcer measured 3.1 centimeters (cm) in length by 2.1 cm in width by 0.1 cm in depth. The ulcer had no exudate.</p> <p>A local Initial Wound Clinic assessment for Resident #A dated 1/14/15, indicated he had a diabetic ulcer of the foot on his right calcaneus, measuring 3.1 cm in length by 2.1 cm in width by 0.1 cm in depth. The ulcer had moderate serosanguineous drainage with no odor and was cleaned with 0.9% normal saline. Special instructions included "call Wound Clinic for temp >100.5. Follow up Wound Clinic one week."</p> <p>A physician's order for Resident #A dated 1/15/15, indicated a treatment to his right</p>		<p>Nursing Services will review these audits weekly for any identified trends for additional education and/or additional performance improvement plans for the staff. These results will be reported to the monthly Performance Improvement and the committee will make any recommendations as needed.</p>	

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	<p>calcaneous: "Maxorb AG, Gauze, Allevyn Heel, Kerlix, tape." The dressing would be changed every other day and as needed for soilage.</p> <p>A Weekly Pressure Ulcer report documented by the facility for Resident #A dated 1/19/15 at 3:10 p.m., indicated he had an unstageable right heel pressure ulcer measuring 2.9 cm in length by 2.0 cm in width by 1.1 cm in depth. The ulcer had no exudate. His treatment indicated to "continue current tx (treatment) and monitor for non-healing."</p> <p>A local Wound Clinic assessment for Resident #A dated 1/21/15, indicated he had a diabetic ulcer of the foot on his right calcaneous, measuring 2.8 cm in length by 2.0 cm in width by 1.0 cm in depth. The ulcer had moderate yellow drainage with no odor and was cleaned 0.9% normal saline. Instructions included to call the Wound Center if experiencing "fever, Incr. (increased) redness around the wound, increased drainage, foul odor from drainage."</p> <p>Resident #A's Treatment Record documentation indicated his last dressing change on his right heel was 1/21/15.</p> <p>A Nursing Note for Resident #A documented 1/24/15 at 5:30 p.m.,</p>			

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	<p>indicated he had a temperature of 101.8. The nurse had administered a pain medication to Resident #A for complaint of right arm pain. The night shift nurse was notified of Resident #A's increased temperature.</p> <p>A Nursing Note for Resident #A documented 1/25/15 at 11:30 a.m., indicated Resident #A had difficulty finding his words and was slurring his speech. He had been unable to maintain his balance on his own while sitting up. His family had noticed he had increased lethargy, difficulty with his speech, and decreased function of his right side. His spouse had requested he be sent to the emergency room for evaluation and treatment.</p> <p>A physician's order for Resident #A dated 1/25/15 at 3:00 p.m., indicated "send to ER for eval (evaluation) et tx (treatment) per POA request."</p> <p>A local hospital Emergency Department Note for Resident #A dated 1/25/15, indicated the following: "Time Seen by Provider: 1/25/15 15:32 (3:32 p.m.). History of Present Illness: Patient was found to have a fever at his nursing home, they noted he had increasingly slurred speech, unsteadiness when sitting up and falling to the right, and</p>			

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	<p>generalized weakness. He does have a wound on the heel of his right foot, he reports this has gotten significantly worse over the past several days, increasingly malodorous and has had some surrounding redness. Additional Musculoskeletal Findings: Patient has a wound on the dependent portion of the heel of his right foot. There is some purulent material overlying this, and surrounding erythema, there is a foul smell from this wound. Additional Neurological Findings: Patient is alert and oriented, he is able to answer questions appropriately. Foot X-Ray Impression: Soft tissue swelling and probable gangrene of the hindfoot. No radiographic evidence of osteomyelitis is seen. Discussion of ED Course: Patient's heel wound was concerning for infection given of surrounding redness and overlying purulence. I suspect the increase in his neurologic symptoms are more likely due to his infection then additional ischemic events. 1/25/15 19:23 (7:23 p.m.) - pt (patient) has a lt (left) (sic) heel ulcer that has been dressed at the wound clinic on wed (Wednesday) 1/21/15. the dressing had not been changed on the heel since wed. allevyn boot dressing heel is necrotic, peeling the skin away with removal of the dressing stopped and called dr (name of doctor) to inspect the site. 1/25/15 19:25</p>			

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	<p>(7:25 p.m.) - Pressure Area/Decubitus It (sic) heel stage 4 decub (decubitus). serous drainage in dressing. foul, odor. pt has not pain from the wound."</p> <p>A local Hospitalist-Discharge Summary for Resident #A indicated the following: "Date of Admission: 1/25/15. Date of Discharge: 1/27/15. Diabetic foot ulcer Course: Clinically was found to have infected right heel ulcer. Arterial ultrasound showed no significant vascular disease. MRI of the right foot showed no evidence of abscess or osteomyelitis. Wound culture shows staph. Patient will be transitioned to IV ertapenam and will be getting PICC line for outpatient IV antibiotics for total 2 weeks and wound followup with wound care as an outpatient."</p> <p>A local Wound Clinic assessment for Resident #A dated 1/28/15, indicated he had a foot ulcer on his right calcaneous, measuring 2.9 cm in length by 2 cm in width by 1.0 cm in depth. The ulcer had moderate yellow drainage with no odor. He had a foot ulcer on his right medial calcaneous, measuring 2.6 cm in length by 3.7 cm in width by 0.2 cm in depth. The ulcer had moderate yellow drainage with no odor.</p> <p>An interview with Resident #A's spouse</p>						

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	<p>on 3/2/15 at 9:26 a.m., indicated Resident #A had been scheduled for Carotid surgery on 1/26/15, and the surgery had to be canceled because of an infection that had started at the facility. Resident #A had went to the Wound Clinic on 1/21/15, and that was the last time his right heel wound dressing had been changed. Resident #A had informed his spouse he had requested on 1/23/15, 1/24/15, and 1/25/15, for his foot to be taken care of by staff. Staff would indicate they would be right back and then didn't return to care for his foot. He was admitted to a local hospital on 1/25/15. "The hospital told us he was full of infection from his foot. When he went to the hospital his right heel was draining and going over to the side of his foot."</p> <p>An interview with the Director of Nursing (DON) on 3/4/15 at 1:07 p.m., indicated the additional right foot ulcer on Resident #A's right medial calcaneus noted on the Wound Clinic assessment dated 1/28/15, was not documented at the facility and "must have developed after discharge." The DON was unable to provide any documentation the facility had assessed Resident #A's right heel wound or changed his dressing since he had been seen at the Wound Clinic on 1/21/15.</p>			

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	<p>A second interview with Resident #A's spouse on 3/4/15 at 2:34 p.m., indicated Resident #A had informed her the facility had not looked at his foot since he had returned from his appointment at the Wound Clinic on 1/21/15. He had asked the facility staff to look at his foot wound for 3 days. The first time she observed his right heel wound was at the Wound Clinic on 1/14/15, and "it didn't look to bad." The next time she observed the right heel wound was at the ER on 1/25/15, and "the area was all slimy and yellow and it made 2 more wounds on the side. The wound dressing was stuck to the wound."</p> <p>The Prevention and Treatment of Pressure Ulcers and Non-Pressure Related Wounds Policy provided by the DON on 3/3/15 at 4:35 p.m., indicated: "Treatment Components: 1. Identification of pressure and non-pressure related wound characteristics initially, at regular intervals, as needed with change in wound status and at discharge; document findings using the designated forms or equivalent in the electronic medical records... 10. Documentation to include: a. Document on the appropriate designated forms or the electronic medical record. b. The level of tissue destruction. c. Wound characteristics</p>			
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	<p>such as tissue type, exudate amount/type, undermining/tunneling, surrounding tissue appearance, and odor initially and with each dressing change. d. Pain related to wound, dressing, and/or dressing procedure...."</p> <p>This federal tag relates to Complaint IN00167075.</p> <p>3.1-37(a)</p>				