

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033
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F000000	<p>This visit was for the Investigation of Complaints IN00126658 and IN00127813</p> <p>Complaint IN00126658 - Substantiated, no deficiencies related to allegation are cited.</p> <p>Complaint IN00127813- Substantiated. Federal/State deficiency related to the allegation is cited at F157.</p> <p>Survey dates: April 24, 25, 2013</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Survey team: Tammy Alley, R.N.</p> <p>Census bed type: SNF: 72 SNF/NF: 25 Total: 97</p> <p>Census payor type: Medicare: 57 Medicaid: 13 Other: 27 Total: 97</p>	F000000	<p><i>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. The facility respectfully requests a desk review for this plan of correction.</i></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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	<p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on 05/03/2013 by Brenda Nunan, RN.</p>				

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F000157 SS=D	<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 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 ensure family members were notified timely of a change in condition warranting</p>	F000157	1) Both residents identified on the 2567 no longer reside in the facility but an audit was conducted to ensure patients that have had a change of condition have family and physician	05/10/2013			

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	<p>change in treatment for 2 of 5 records reviewed for family notification (Resident B and F). Findings include: 1. The record for Resident B was reviewed on 4/25/13 at 9:39 a.m. The resident was admitted on 3/8/13 with diagnoses that included, but were not limited to, hypertension, acute kidney failure, and malignant neoplasm of kidney. A nursing note dated 3/21/13 at 1:36 p.m., indicated: The resident returned from therapy with complaints of a rapid heart rate. The physician was notified and an Electrocardiogram was ordered, Robitussin (medication for cough) as needed and vital signs every shift for 72 hours. The resident's wife was notified. An SBAR evaluation form dated 3/23/13 at 1 a.m., indicated the following: The resident had increased shortness of breath and heart rate of 128 and the resident stated he just didn't feel well and was weaker. The resident's lungs had crackles on auscultation. (Name of person at physician office)</p>		<p>notifications. 2) All residents have the potential to be affected. The Director of Nursing, or her designee, will use an audit tool to conduct a review of five resident charts weekly, Monday through Friday, times 90 days to ensure that family and physician are notified of changes in condition. Results will be reported to Performance Improvement Committee 3) The Staff Development Coordinator and/or designee has in-serviced the Licensed nurses on facility policy and procedures related to notification of physicians and families in the event of a significant change in the status of the resident. The Staff Development Coordinator will include information on facility policy and procedures related to notification of physicians and families in the event of a significant change in the status of the resident in the orientation of new Licensed nurses. The Staff Development Coordinator has in-serviced the Licensed nurses to display change of condition on the 24 hour report. The Director of Nursing and/or designee, will monitor the 24-hour nursing reports on a daily basis, Monday through Friday, to assure physicians and families are notified of significant changes in resident condition. The Staff Development Coordinator will in-service Licensed Nurses monthly x 90 days on the facility's</p>				

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	<p>was notified and new orders were received for a Chest x-ray. The section of the form indicating family/proxy notification was blank.</p> <p>A nursing note 3/23/13 at 3:28 a.m., indicated the resident complained of shortness of breath and not feeling well. Lung sounds had crackles. "...See SBAR (Situation Background Assessment Response) for further assessment." The record did not indicate the family was notified of the resident's lung sounds.</p> <p>Physician orders for 3/23/13 indicated the following:</p> <p>1 a.m.: Chest x -ray</p> <p>8:30 a.m.: duonebs (inhalation treatment) four times daily and every 4 hours as needed, Mucinex (thins secretions) 600 milligrams (mg) twice daily for 7 days, and Avelox (antibiotic) 400 mg daily for 7 days.</p> <p>9:12 a.m.: Vital Signs every 4 hours x 6 then every shift x 48 hours</p> <p>12 p.m.: send resident to the emergency room.</p> <p>There was no documentation in the nurses' notes, SBAR, or on the physician orders to indicate the family was notified of the resident's change</p>		<p>policy and procedures related to physician and family notification of resident change in condition.4) The Director of Nursing and/or designee will monitor through resident record and 24-hour report daily, Monday through Friday, to assure physicians and families are notified of significant changes in resident status. Results will be reported to Performance Improvement Committee monthly times 90 days. The Administrator is responsible for overall compliance. Alleging compliance 5/10/13</p>				

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	<p>in condition, warranting change in treatment.</p> <p>Additional information regarding the family notification when the change of condition was noted on 3/23/13 at 1 a.m., was requested from the Interim DON on 4/25/13 at 11:53 a.m. On 4/25/13 at 12:52 p.m., the Administrator indicated he had no additional information to provide.</p> <p>2. The Record for Resident F was reviewed on 4/25/13 at 11:38 a.m. Current diagnoses included, but were not limited to, Paraplegia, intracranial hemorrhage, embolism and Diabetes Mellitus.</p> <p>The nursing notes indicated: 1/13/13 at 6 p.m.: New orders received for Albuteral nebulizer treatments every 4 hours for 72 hours, Mucinex 600 mg twice daily for 7 days , for labs and a urinalysis in the a.m., and to increase the resident's Prednisone to 80 mg for 48 hours.</p> <p>A Physician progress note dated 1/13/13 indicated the resident was seen for fever, chest congestion, and a cough.</p> <p>There was no documentation in the</p>				

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	<p>record to indicate the family had been notified of the condition change warranting change in treatment. Documentation was requested from the Interim DON on 4/25/13 at 11:54 a.m., regarding the family being notified of the resident's new orders and change in condition on 1/13/13. On 4/15/13 at 1:35 p.m., the Interim DON indicated she was unable to locate family notification of the above event.</p> <p>3.1-5(a)(2)</p>				