

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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F0000	<p>This visit was for the Investigation of Complaint IN00103847.</p> <p>Complaint IN00103847- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: February 22 and 23, 2012</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Survey team: Regina Sanders, RN Sheila Sizemore, RN Kelly Sizemore, RN Marcia Mital, RN</p> <p>Census bed type: SNF/NF: 135 Total: 135</p> <p>Census payor type: Medicare: 31 Medicaid: 70 Other: 34 Total: 135</p> <p>Sample: 4</p>	F0000		
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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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	<p>Supplemental Sample: 1</p> <p>Kindred Transitional Care and Rehabilitation-Dyer was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00103847. This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 2/27/12 by Suzanne Williams, RN</p>			
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F0223 SS=A	<p>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> <p>Based on record review and interview, the facility failed to ensure a resident was free from abuse from a staff member, for 1 of 1 resident reviewed for abuse in a supplemental sample of 1. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed on 02/23/12 at 12 p.m. The resident's diagnosis included, but was not limited to, dementia.</p> <p>Resident #F's Quarterly Minimum Data Set (MDS) assessment, dated 01/31/12, indicated the resident's cognitive status was severely impaired, had no behavior problems, and required extensive assistance of two or more persons for transfers.</p> <p>A facility Fax/Incident Report, dated 02/09/12, indicated, "...At approximately 9:50 a.m. on 02/09/12, (CNA #1 and QMA #2) were assisting with a transfer to resident (Resident Name). The resident was being physically aggressive,</p>	F0223	<p>F 223 483.13(b) Free from abuse/involuntary seclusion</p> <p>The facility does and will continue to enforce the policies and procedures for mistreatment, neglect and abuse of residents and misappropriation of resident property.</p> <p>1. Steps taken for the alleged deficient practice.</p> <p>– The facility followed all policies and procedures for abuse. – Resident #F was immediately provided protection and the CNA was immediately suspended from work.</p> <p>- Resident # F was interviewed and counseled by the Director of Nursing, Unit Manager and Social Service Director for</p>	02/28/2012			

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	<p>repeatedly striking at both staff members. QMA (QMA #2's name), witnessed (CNA #1's name) slap the resident on the left side of his face after the resident had just hit her. (QMA #2's name) believes this was a reflexive action to being hit...(QMA #2) immediately reported the incident to the Charge Nurse, Facility DNS (Director of Nursing Service) and Administrator. Employee was immediately suspended, both physician and family were notified. Interview with resident confirmed action taken by CNA. CNA will be terminated per facility policy..."</p> <p>Review of CNA #1's personnel record on 02/23/12 at 10:10 a.m., indicated CNA #1 had been terminated</p> <p>A facility policy, dated 10/31/09, titled, "Abuse", received from the Administrator as current, indicated "...Prohibitions on abuse apply to center staff..."</p> <p>A facility policy, dated 06/30/06, titled, "Conducting an Investigation", received from the Administrator as current, indicated, "...the center must take action to prevent further potential abuse while the investigation is in progress...The most critical step toward detecting and preventing the abuse of residents is acknowledging that no one should be subjected to violent, abusive...behavior..."</p>		<p>psychosocial issues.</p> <p>– The ED and DON were immediately contacted by staff member and told of alleged occurrence.</p> <p>– The alleged incident was reported to state agencies as required in the approved time frame.</p> <p>– Upon investigation of the alleged incident the CNA was terminated by administration.</p> <p>- The terminated CNA had completed Abuse and Neglect policy training by administration during orientation on 11-10-11 and was fully informed and trained on abuse and neglect policies.</p> <p>2. All residents benefit and should be free of abuse and neglect. - All in house residents have the potential to be affected. An audit of Angel Care Rounds from 30 days prior to date of exit has been</p>				

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	3.1-27(a)(1) 3.1-27(b)		<p>completed to ensure that the facility policy and procedures has been followed. There were no other issues identified through this audit.</p> <p>– Staff will continue to be re-educated on abuse and neglect policies and techniques on how to recognize stress with self and co-workers and interventions on coping, reporting to supervisor with stress concerns of self or co-workers by administration.</p> <p>3. Systems to prevent recurrence; - The facility will continue to follow abuse and neglect policies for facility residents.</p> <p>– Staff will continue to be educated during orientation and quarterly on abuse and neglect. Any staff member encountering stress of self or co-worker which may put a resident at risk will be addressed immediately.</p> <p>4.</p>		

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			<p>Monitoring</p> <p>- Staff will continue to observe for signs and symptoms both for themselves and/or co-workers of burn out and/or stress and report immediately to supervision.</p> <p>-</p> <p>Five interviewable residents and five staff will be interviewed by administration weekly times 4 weeks then monthly times two regarding any concerns with staff treatment of residents and respond accordingly as indicated.</p> <p>- Five non-alert and non - oriented residents will be observed by Social Service Director weekly times four weeks during care to ensure no signs and symptoms of abuse and / or neglect then monthly times two months and respond accordingly if indicated.</p> <p>- Results will be brought to Executive</p>		

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			Director immediately if indicated and discussed in PI monthly times three months and then quarterly. 5. Completion date: February 28, 2012		