STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-GREENWOOD	377 WESTRIDGE BLVD GREENWOOD, IN 46142

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00104679. Complaint IN00104679- Substantiated, federal/state deficiencies related to the allegation are cited at F312 and F441. Survey dates: April 15 & 16, 2012 Facility number: 000101 Provider number: 155193 AIM number: 100291290 Survey team: Joyce Hofmann, RN Census bed type: SNF/NF: 158 Total: 158 Census payor type: Medicare: 47 Medicaid: 97 Other: 14 Total: 158 Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on April 19, 2012 by Bev Faulkner, R.N.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F0312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review, and interview, the facility failed to ensure thorough cleansing of the buttocks and posterior anal area during incontinence care for 1of 3 residents observed for incontinence care in a sample of 3. Resident #C Findings include: 1). Resident #C was observed on 04/16/12 at 2:55 p.m., for incontinence care with CNA #2 performing the care and CNA #3 assisting. CNA #2 and CNA #3 was observed to wash their hands and donned gloves. CNA #2 partially filled the resident's basin with water, removed the resident's urine soiled brief and disposed of it. CNA #2 removed her gloves and washed her hands. CNA #2 donned gloves, washed the resident's front peri-area with 1 swipe of a wet cloth, removed her gloves, and washed her hands. CNA #2 donned gloves, rinsed with a clean wet cloth, removed gloves, and washed her hands. CNA #2 donned gloves, dried the resident's front peri-area, removed gloves, and washed her hands.	F0312	F-312SS-DIt is the intention of Kindred Transitional Care and Rehabilitation Center Greenwood to carry out activities of daily living and necessary services to maintain good nutrition, grooming, and personal and oral hygeine to those residents who require assistance. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.No correction action for this resident for this instance. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. Any resident who requires peri-care has the potential to be affected by this practice. Education with return demonstration will be conducted by the Staff Development Coordinator or designee, on an ongoing basis until compliance is met. The peri-care skills check off sheets will serve as the audit turned in and reviewed by the Performance Improvement Committee. What measures will be put into place or what systemic will be made to ensure the deficient practice does not recur.	05/02/2012

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	CNA #2 donned gloves and put on the resident's clean brief. CNA #2 failed to cleanse, rinse, and dry the resident's buttocks and posterior anal area. Resident #2 was observed to have a covered pressure area on her right buttock. Review of Resident #C's clinical record indicated the resident was treated for a urinary tract infection with Rocephin 1 gram IM [intramuscularly] daily times 7 days with order date of 04/08/12. The resident had a history of urinary tract infections and a diagnosis of stage III kidney disease. Resident #C's Minimum Data Set [MDS], dated 03/30/12, indicated the resident needed extensive of assist of 1 person for toileting, hygiene, and bathing. Resident #C's care plan, dated 04/06/12, for "She has potential for complications associated with urinary incontinence. Skin breakdown in groin" indicated interventions which included, but were not limited to, "... Provide incontinence/perineal care after each incontinent episode...." Review of the facility's Incontinence/Perineal Care policy provided by the Director of Nursing on 04/16/12 at 12 p.m., indicated, "Rationale		Education with return demonstration will be conducted by the Staff Development Coordinator or designee on an ongoing basis until compliance is met. Compliance is expected to be 100% accurate. Peri-care and handwashing skills check off at bedside with the resident will be completed. Each direct staff member will be observed. Following the initial observation, random observations will be completed on an ongoing basis. The Performance Improvement Committee will follow for three months. If compliance is met, the Committee will follow annually. If compliance is not maintained, the Committee will continue observation with return demonstrations each month until compliance is 100%. The skills check off sheets will serve as the audit turned in and reviewed by the Performance Improvement Committee. How the corrective actions will be monitored to ensure the practice does not recur.The Performance Improvement Committee will review the findings on the skills check off sheets. It is the expectation of each CNA to complete the skills check off properly. The instrucor or designee evaluating the performance of the CNA will correct, if needed, throughout the observation to ensure no deficient practice reaches the resident. The Performance Improvement	

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	Cleanliness of the perineum helps to prevent infection, skin breakdown and odor by removing irritating and odorous secretions that collect on the inner surface of the labia or under the foreskin of the penis. Perineal care is provided to the resident who needs assistance to maintain perineal cleanliness. ... Procedure ... gently wash the pubic area ... Rinse and pat dry ... Have resident turn away from you and using new washcloth/disposable washcloth or pre-moistened cloth, wash around anus. ... Rinse area and dry...." This Federal tag relates to Complaint IN00104679. 3.1-38(a)(3)(A)		Committee will review the results and determine the need for additional education to each CNA on an ongoing basis for a period of three months. If compliance is not met within three months, 10% of the CNA staff will continue until 100% accuracy is attained. Following the intitial three month period, if compliance is met, the monitoring will fall into the annual education with observation.	

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F0441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure	F0441	F-441SS-DIt is the intention of Kindred Transitional Care and	05/02/2012

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	a CNA washed her hands in accordance with facility policy during 1 of 3 resident observations of care in a sample of 3. Resident #B Findings include: Resident #B was observed on 04/16/12 at 11:30 a.m., for care with CNA #1 performing the care. CNA #1 was observed to wash her hands, partially filled the basin with water, donned gloves, and provided care to Resident #B's front perineal area by washing with wet cloths times 2 with periwash applied, rinsed, and dried the resident's front peri-area. CNA #1 placed a clean Chux (disposable underpad) under Resident #B, emptied the basin, dried the basin and put it away. CNA #1 removed her soiled gloves, gathered the soiled linen bag, left the room without washing her hands, punched the exit code on wall next to the door, opened the secured unit door, took the bag to the soiled utility room, disposed of the bag, went across the hall to wash her hands. Interview with LPN#1 on 04/16/12 at 10:38 a.m., indicated Resident #B's sign on the door was there due to Resident #B had C-diff [clostridium difficile] and had just finished treatment for it.		Rehabilitation Center Greenwood to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and comfortable environment and to help spread the development and transmission of disease and infection. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.No correction action for this resident for this instance. The unit and areas mentioned were disinfected when brought to attention of the facility by the ISDH surveyor. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. Any resident within the facility has the potential to be affected by a staff member not washing his/her hands properly. Education with return demonstration will be conducted for proper handwashing at appropriate times. The Staff Development Coordinator or designee will use the skills check off sheet to serve as an audit tool. The results will be turned in and reviewed by the Performance Improvement Committee. What measures will be put into place or what systemic will be made to ensure the deficient practice does not recur. Education with return demonstration will be conducted by the Staff Development	

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	Interview with LPN #2 on 04/16/12 at 3:20 p.m., indicated Resident #B had two rounds of Vancomycin [vanco] - 1 round of po [by mouth] vanco during April 1 - 7, 2012, and just finished another round of IV [intravenous] vanco on the 12th of April. Interview with the Director of Nursing [DON] on 04/16/12 at 3:25 p.m., indicated the physician will write an order to re-test the resident for C-diff in about 7 days after the resident has finished the medication. Review of the facility's "Incontinence/Perineal Care" policy provided by the DON on 04/16/12 at 12 p.m., indicated, "Rationale Cleanliness of the perineum helps to prevent infection, skin breakdown and odor by removing irritating and odorous secretions that collect on the inner surface of the labia or under the foreskin of the penis. Perineal care is provided to the resident who needs assistance to maintain perineal cleanliness. ... Procedure ... gently wash the pubic area ... Rinse and pat dry ... Remove gloves and perform hand hygiene. ... Dispose of soiled linen in appropriate container." This Federal tag is related to Complaint IN00104679.		Coordinator or designee on an ongoing basis until compliance is met. Compliance is expected to be 100% accurate. Peri-care and handwashing skills check off at bedside with the resident will be completed. Each direct staff member will be observed. Following the initial observation, random observations will be completed on an ongoing basis. The Performance Improvement Committee will follow for three months. If compliance is met, the Committee will follow annually. If compliance is not maintained, the Committee will continue observation with return demonstrations each month until compliance is 100%. The skills check off sheets will serve as the audit turned in and reviewed by the Performance Improvement Committee. How the corrective actions will be monitored to ensure the practice does not recur.The Performance Improvement Committee will review the findings on the skills check off sheets. It is the expectation of each CNA to complete the skills check off properly. The instrucor or designee evaluating the performance of the CNA will correct, if needed, throughout the observation to ensure no deficient practice reaches the resident. The Performance Improvement Committee will review the results and determine the need for additional education to each CNA	

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	3.1-18(l)		on an ongoing basis for a period of three months. If compliance is not met within three months, 10% of the CNA staff will continue until 100% accuracy is attained. Following the intitial three month period, if compliance is met, the monitoring will fall into the annual education with observation.	