

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 07/25/2012	
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 Complaints IN00111976, IN00112390, and IN00112638.</p> <p>Complaint IN00111976-Substantiated. Federal/state deficiencies related to the allegations are cited at F282, F333, and F514.</p> <p>Complaint IN00112390-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00112638-Substantiated. No deficiencies related to the allegations are cited.</p> <p>An unrelated deficiency was cited at F329.</p> <p>Survey dates: July 23, 24 and 25, 2012</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Survey team: Kelly Sizemore, RN-TC Marcia Mital, RN Sheila Sizemore, RN Regina Sanders, RN</p> <p>Census bed type:</p>			F0000	<p>The facility requests that this plan of correction be considered as credible allegation of compliance. The facility also respectfully requests the consideration of paper compliance for the 4 citations outlined in this 2567.</p> <p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be considered as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency.</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>SNF/NF: 135 Total: 135</p> <p>Census payor type: Medicare: 40 Medicaid: 61 Other: 34 Total: 135</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/26/12 Cathy Emswiler RN</p>				

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 record review and interview, the facility failed to ensure physician's orders were followed, related to medications and laboratory testing for 2 of 5 resident's reviewed for following physician's orders in a sample of 5. (Residents #C and #E)</p> <p>Findings include:</p> <p>1. Resident #E's record was reviewed on 07/23/12 at 12:20 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and hypertension.</p> <p>A) The Physician's Recapitulation Orders, dated 07/12, indicated an order dated 04/17/12 to check the resident's blood sugar every six hours and to administer Novolin regular insulin per the resident's blood sugar result (sliding scale).</p> <p>An order, dated 04/17/12, indicated the following sliding scale with Novolin regular insulin: 70-130=no insulin 131-180=2 units 181-240=4 units 241-300=6 units 301-350=8 units 351-400=10 units Over 400, give 12 units and notify the physician</p> <p>The Diabetic Flow Sheet, dated 06/12 indicated</p>	F0282	<p>F 282 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident E will receive insulin as ordered by the physician. Facility followed policy/protocol related to medication variance for the incidences of insulin which was not administered as ordered. A clarification order was written for resident E to receive Famotidine once daily. Facility followed policy/protocol related to medication variance for administration of Famotidine. CBC and CMP were drawn for resident C on 7/23. Physician was made aware of lab not drawn on 7/9. Lab orders are now being followed for resident C.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Full facility audit of residents requiring insulin via sliding scale order was completed by nursing administration. Issues identified were corrected immediately. Full facility audit of all current lab orders was conducted by nursing</p>	08/15/2012			

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	<p>the resident's blood sugar on 06/12/12 at 6 p.m. was 131 and there was a line drew through the insulin administration area.</p> <p>The Diabetic Monitoring Flow Sheet, dated 07/12, indicated the resident did not receive insulin the following days and times, as ordered by the physician:</p> <p>07/02/12 at 6 p.m., blood sugar 138-no documentation insulin was given 07/03/12 at 6 p.m., blood sugar 136-no documentation insulin was given 07/03/12 at 12 a.m., blood sugar 144-no documentation insulin was given 07/04/12 at 12 a.m., blood sugar 140-no documentation insulin was given 07/05/12 at 6 a.m., blood sugar 152-no documentation insulin was given 07/05/12 at 12 p.m., blood sugar 148-no documentation insulin was given 07/05/12 at 12 a.m., blood sugar 132-no documentation insulin was given 07/06/12 at 12 a.m., blood sugar 136-no documentation insulin was given 07/07/12 at 6 a.m., blood sugar 132-no documentation insulin was given 07/07/23 at 12 a.m., blood sugar 176-no documentation insulin was given 07/10/12 at 12 p.m., blood sugar 145-line drawn through insulin administration area 07/10/12 at 6 p.m., blood sugar 136-no documentation insulin was given 07/13/12 at 6 p.m., blood sugar 160-no documentation insulin was given 07/14/12 at 6 a.m., blood sugar 138-no documentation insulin was given 07/14/12 at 12 a.m., blood sugar 200-no documentation insulin was given 07/17/12 at 6 p.m., blood sugar 132-line drawn through insulin administration area 07/18/12 at 6 p.m., blood sugar 176-no</p>		<p>administration to ensure all labs are drawn as ordered. Full facility audit of all medication orders for each resident will be completed to ensure current orders are correct. Any issues will be immediately addressed with the physician. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nursing staff to be re-educated on the importance of correct transcription of new physician orders; insulin administration via sliding scale and adherence of physician order parameters for applicable medications. How the corrective action(s) will be monitored to ensure the deficient practice will not recur Nurse management to randomly (3 X per week) audit 10 insulin records of residents requiring sliding scale insulin. Nurse management to randomly (3 X per week) audit 10 residents' Medication Administration Records for any resident requiring vital sign monitoring prior to administration of that medication. Nurse management to verify correct transcription of any new medication orders through review of the MAR with the physician order (5 X per week).. Audit findings will be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure</p>				

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	<p>documentation insulin was given 07/18/12 at 12 a.m., blood sugar 172-no documentation insulin was given 07/19/12 at 6 p.m., blood sugar 140-no documentation insulin was given 07/19/12 at 12 a.m., blood sugar 152-no documentation insulin was given 07/20/12 at 6 p.m., blood sugar 142-no documentation insulin was given 07/21/12 at 6 p.m., blood sugar 132-no documentation insulin was given 07/21/12 at 12 a.m., blood sugar 144-no documentation insulin was given</p> <p>During an interview on 07/24/12 at 9:30 a.m., the Director of Nursing (DoN) indicated the resident's insulin had not been given as ordered by the physician.</p> <p>B) The resident's Admission Orders, dated 04/17/12, and signed by the physician on 04/24/12, indicated an order for famotidine (stomach medicine) 40 mg (milligrams) twice daily.</p> <p>The unsigned Physician's Recapitulation Orders, dated 07/12, indicated and order, dated 04/17/12 for famotidine 40 mg daily.</p> <p>The Medication Administration Records (MARs), dated 05/12, 06/12, and 07/12, indicated the resident received the famotidine 40 mg daily.</p> <p>There was a lack of documentation to indicate the famotidine had been decreased to daily from twice a day.</p> <p>During an interview on 07/24/12 at 9:30 a.m., the DoN indicated the resident had not been receiving the correct dose of famotidine. She indicated the 05/12 MAR and Physician's Recapitulation</p>		ongoing compliance. Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.				

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	<p>Orders should have been checked with the admission orders</p> <p>2. Resident C's record was reviewed on 7/23/12 at 11:47 a.m. Resident C's diagnoses included, but were not limited to, anemia, diabetes mellitus, and peripheral vascular disease.</p> <p>Resident C's physician's order recapitulation, dated 7/12, indicated CMP (electrolyze blood test) and CBC (complete blood count) every two weeks on Monday.</p> <p>The resident's record indicated the last CBC and CMP were completed on 6/25/12.</p> <p>During an interview on 7/23/12 at 12:30 p.m., LPN #1 indicated the resident had a CBC and CMP drawn today and the last time the CBC and CMP drawn before that was on 6/25/12. She indicated the CMP and BMP were not drawn on 7/9/12. She indicated the form for the laboratory had not been completed for 7/9/12.</p> <p>This federal tag relates to complaint number IN00111976.</p> <p>3.1-35(g)(2)</p>						

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to adequately monitor a resident on a blood pressure medication as ordered by the physician for 1 of 5 residents reviewed for monitoring medications in a total sample of 5. (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's record was reviewed on 07/23/12 at 12:20 p.m. The resident's diagnoses included, but were not limited</p>	F0329	<p>F 329 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident E will receive hydralazine as ordered. Facility followed policy/protocol related to medication variance for the incidences of blood pressure not being taken prior to administration of hydralazine as ordered. A clarification order was written for resident E to routinely receive Hydralazine. Resident E will routinely receive Hydralazine without need for BP monitoring.</p>	08/15/2012

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	<p>to, diabetes mellitus and hypertension.</p> <p>The Medication Administration Record (MAR), dated 05/12, indicated a physician's order, dated 04/17/12, for hydralazine HCL (hydrochloride) (antihypertensive), three times a day, hold for systolic blood pressure below 110.</p> <p>The MAR, dated 05/12, lacked documentation to indicate the resident's blood pressure had been monitored prior to the hydralazine administration at 6 a.m., 2 p.m., and 10 p.m.</p> <p>The Blood Pressure Summary from the Resident's Record indicated the resident's blood pressure was monitored on 05/01/12 at 2:22 a.m., 05/07/12 at 12:31 a.m., 05/10/12 at 1:33 a.m., 05/11/12 at 12:32 a.m., 05/16/12 at 9:24 p.m., 05/19/12 at 1:47 a.m., 5/20/12 at 3:30 a.m., 5/21/12 at 2:40 a.m., 05/22/12 at 1:35 a.m., 5/25/12 at 1:42 a.m., 05/25/12 at 10:43 p.m., and 05/26/12 at 3:37 a.m.</p> <p>The MAR, dated 06/12, indicated an order dated 04/17/12, for hydralazine HCL, three times a day, hold for systolic blood pressure below 110.</p> <p>The 06/12 MAR, lacked documentation the resident's blood pressure had been monitored prior to the hydralazine</p>		<p>Facility followed policy/protocol related to medication variance for administration of hydralazine. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Full facility audit of medications which require vital sign monitoring and adherence to physician order parameters was completed by nursing administration and issues were addressed and clarified when applicable. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses will be re-educated on the adherence on following physician order parameters for applicable medications. How the corrective action(s) will be monitored to ensure the deficient practice will not recur Nurse management to randomly (3 X per week) audit 10 residents requiring vital sign monitoring prior to administration of designated medications. Audit findings will be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance. Audit results and system components will be reviewed by the PI Committee with subsequent plans of</p>				

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	<p>administration at 6 a.m., 2 p.m., and 10 p.m. from 06/01/12 to 06/20/12.</p> <p>The Blood Pressure Summary from the Resident's Record indicated the resident's blood pressure was monitored on 06/11/20 at 4:41 a.m., 06/15/12 at 2:24 a.m., 06/16/12 at 3:38 a.m., and 06/17/12 at 3:16 a.m.</p> <p>The Physician's Recapitulation Orders, dated 07/12, indicated an order dated 06/20/12 for hydralazine HCL 25 mg, four times a day, hold if systolic blood pressure is below 110.</p> <p>The MAR, dated 07/12, lacked documentation to indicate the resident's blood pressure had been monitored prior to the hydralazine administration at 12 a.m., 6 a.m., 12 p.m., and 6 p.m.</p> <p>The Blood Pressure Summary from the Resident's Record indicated the resident's blood pressure was monitored on 07/08/12 at 7:45 a.m., 07/09/12 at 11:17 p.m., 07/11/12 at 1:12 a.m., 07/12/12 at 2:56 a.m., 07/13/12 at 1:33 a.m., 07/16/12 at 1:18 a.m., 07/19/12 at 6:55 a.m., 07/20/12 at 2:33 a.m., 07/23/12 at 7:37 a.m., and 07/24/12 at 3:36 a.m.</p> <p>During an interview on 07/24/12 at 9:30 a.m., the Director of Nursing indicated if the blood pressures had been obtained</p>		correction developed and implemented as deemed necessary.				

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	<p>they would be either written on the MAR or in the resident's record. She indicated the blood pressures had not been written on the MAR.</p> <p>3.1-48(a)(3)</p>				

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F0333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free of a significant medication error related to not administering a medication for anemia as ordered by the physician for 1 of 5 residents reviewed for significant medication errors in a total sample of 5. (Resident C)</p> <p>Findings include:</p> <p>Resident C's record was reviewed on 7/23/12 at 11:47 a.m. Resident C's diagnoses included, but were not limited to, anemia, diabetes mellitus, and peripheral vascular disease.</p> <p>Resident C's physician's order recapitulation, dated 7/12, indicated CMP (electrolyte blood test) and CBC (complete blood count) every two weeks on Monday. Aranesp (anemia medication) 40 mcg (micrograms) subcutaneously every two weeks on Wednesdays hold if hgb (hemoglobin is greater than 11.</p> <p>The resident's record indicated the last CBC and CMP were completed on 6/25/12. The resident hemoglobin was</p>	F0333	<p>F 333 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident C received the Aranesp injection on 7/24/12 and continues to receive as indicated per physician order and required lab work. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Full facility audit was completed per nursing administration related to residents requiring Aranesp injections. No issues were identified via this audit. Full facility audit of labs was completed by nursing administration to ensure lab work was drawn as ordered by physician. Identified issues were addressed immediately. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses will be re-educated on ensuring lab work related to medication administration is completed as indicated. How the corrective action(s) will be monitored to ensure the deficient practice</p>	08/15/2012

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	<p>low at 10 (normal range 11-18).</p> <p>During an interview on 7/23/12 at 12:30 p.m., LPN #1 indicated the resident had a CBC and CMP drawn today and the last time the CBC and CMP drawn before that was on 6/25/12. She indicated the CMP and BMP were not drawn on 7/9/12.</p> <p>The resident's MAR (medication administration record), dated 7/12, indicated the Aranesp should have been administered on 7/18/12.</p> <p>During an interview on 7/23/12 at 12:46 p.m., LPN #2 who took care of resident C on 7/18/12, indicated she had not administered the medication as ordered on 7/18/12.</p> <p>The resident's CBC, dated 7/23/12, indicated the resident's hemoglobin was 9.5.</p> <p>During an interview on 7/24/12 at 1:15 p.m., the South Unit Manager indicated the resident's hemoglobin was down from 6/25/12. She indicated she had called the physician and they were going to administer the Aranesp today.</p> <p>This federal tag relates to complaint number IN00111976.</p>		<p>will not recur Nurse management to randomly (2 X per week) audit any residents requiring aranesp injections to ensure lab work complete and medication is administered as indicated. Nurse management to randomly (3 X per week) audit 10 clinical records to ensure labwork has been completed as ordered. Audit findings will be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance. Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>	

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 07/25/2012
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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	3.1-25(b)(9) 3.1-48(c)(2)				

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure records were complete and accurate related to the administration of medication for 1 of 5 residents reviewed for complete and accurate records in a total sample of 5. (Resident B)</p> <p>Findings include:</p> <p>Resident B's closed record was reviewed on 7/24/12 at 10 a.m. Resident B's diagnoses included, but were not limited to, paraplegia and Astrocytome (brain cancer).</p> <p>A physician's order, dated 5/16/12, indicated Lovonox (a blood thinner) 40 milligrams subcutaneous daily.</p> <p>The resident's MAR (medication</p>	F0514	<p>F 514 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B did receive the ordered medication as verified per interview of the nurses assigned to his care on 5/17 and 5/18. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Full facility audit was conducted per nursing administration to ensure Lovonox injections were administered and documented as ordered. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses were re-educated on the importance of timely documentation related to</p>	08/15/2012			

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	<p>administration record), dated 5/12, indicated the Lovenox was administered on 5/16/12. There was a lack of documentation to indicate the medication had been administered on 5/17/12 and 5/18/12.</p> <p>During an interview on 7/24/12 at 2:35 p.m., the DoN (Director of Nurses) indicated she had received information from the pharmacy and they had sent the medication on 5/16/12 and when the resident was discharged they had sent back what was left. She indicated the medication was given but not signed out as administered.</p> <p>This federal tag relates to complaint number IN00111976.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>medication administration. How the corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>Nurse management to randomly (5 X per week) audit 10 residents medication administration records for complete and timely documentation related to ordered medications. Audit findings will be reported to the Performance Improvement Committee monthly for 3 months and then quarterly to ensure ongoing compliance. Audit results and system components will be reviewed by the PI Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>		