STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155488	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-ROLLING HILLS	3625 ST JOSEPH RD NEW ALBANY, IN 47150

(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00104095. Complaint IN00104095 - Substantiated. Federal/state deficiencies related to the allegation are cited at F-323. Survey Dates: February 28, 29, March 1, 2, 5, 6, 2012 Facility Number: 000526 Provider Number: 155488 AIM Number: 100266970 Survey Team: Donna Groan RN TC (February 28, 29, March 1, 2, 2012) Avona Connell RN (February 28, March 1, 2, 5, 6, 2012) Dorothy Navetta RN (March 5, 6, 2012) Census Bed Type: SNF/NF: 115 Total: 115 Census Payor Type: Medicare: 18 Medicaid: 79 Other: 18 Total: 115	F0000	This Plan of Correction is submitted under the State and Federal Regulations and Statues applicable to long-term care providers. This Plan of Correction does not constitute an admission on part of the facility. We request this Plan of Correction serve as our credible allegation of compliance. In addtion, we are requesting this Plan of Correction be considered for desk review compliance.Should you have any questions, please feel free to cntact me at (812) 948-0670.Sincerely,Fairley (Lee) R. Taylor Jr., HFAExecutive Director	

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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	Sample: 23 Supplemental Sample: 01 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review 3/12/12 by Suzanne Williams, RN			

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F0322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. Based on observation, record review and interview, the facility failed to ensure qualified staff adjusted the feeding tube for 1 of 1 observation of 1 of 2 residents utilizing a feeding tube in a sample of 23. (Resident #16) Findings include: On 3/1/12 between 9:05 a.m. and 9:20 a.m., the following was observed: Resident #16 was lying in bed waiting to be moved to a chair. Resident #16 had tube feeding via a pump running at 80cc/hour. CNA #2 was observed to disconnect the feeding tube from the resident and hang the tubing on the pole. Once the resident was in the chair, CNA#2 reconnected the feeding tube to the resident. CNA #2 indicated the nurse had instructed her to clamp feedings and reclamp after the transfer was completed. In interview with the DON (Director of	F0322	It is the practice of this facility based on comprehensive assessment of a resident, to ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.I. Resident # 16 was not harmed. Immediate assessment of resident without signs and symptoms of aspiration and correct G-Tube placement was confirmed per RN. CNA #2 was issued a Performance Improvement for Counseling/Corrective Action. CNA #2 was discharged from employment with Kindred Transitional Care & Rehabilitation Rolling Hills on 3/2/2012. (see attachment A)II. CNA #2 was issued a Performance Improvement for Counseling/Corrective Action. CNA # 2 was discharged from	03/14/2012

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	Nursing) on 3/1/12 at 1 p.m., she indicated CNAs were not trained to work with feeding tubes. On 3/2/12 at 10:20 a.m., the DON provided the Job Description for Certified Nursing Assistants, signed and dated 2/2/11, by CNA #2. The Job Description included, but was not limited to: "Conducts job responsibilities in accordance with the standards set out in the Company's Code of Business Conduct, its policies and procedures, the Corporate Compliance Agreement, applicable federal and state laws, and applicable professional standards." At this time, the DON provided a Performance Improvement Form for counseling for CNA #2 which included, but was not limited to: "As a CNA you are to ONLY perform the tasks listed in Kindred's Job Description for Certified Nursing Assistant. CNAs will not perform any invasive procedures, including enemas and rectal temperatures, checking for and or removing fecal impactions, instillation of any tubing...Serious misconduct listed on Pg. 68 #3. of the Kindred Employee Handbook states: Providing medical services or treatment that you are not authorized, certified or licensed to provide. Standard 14: Nurse Aide scope		employment with Kindred Transitional Care & Rehabilitation Rolling Hills on 3/2/2012. (attachment A). Immediate inservicing was initiated on 3/1/2012 2p-10p shift with all CNA's and Nurses on Certified Nursing Assistand Job Description and Nurse Aide Scope of Practice. (see attachment B)III. CNA #2 was provided Performance Improvement for Counseling/Corrective Action and discharged from employment from Kindred Transitional Care & Rehabilitaion Rolling Hills on 3/2/2012 (attachment A). Immediate inservicing was initiated on 3/1/2012 2p-10p shift to all CNA's and Nurses on Certified Nursing Assistant Job Description and Nurse Aide Scope of Practice (attachment B). All new hired nursing staff will continue to recieve Certified Nursing Assistant Job Description and Nurse Aide Scope of Practice.IV. All new hired nursing staff will continue to recieve Certified Nursing Assistant Job Description and Nurse Aide Scope of Practice. Any CNA observed during rounds providing medical services or treatment that are not certified or licensed to provide will recieve immediate Performance Improvement. All findings will be presented by the DNS/Designee to the PI Committee and reviewed monthly for 3 months. After 3	

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	of practice included, but was not limited to: The nurse aide will not perform any invasive procedures..." 3.1-44(a)(2)		months, ongoing monitoring will be determined by PI commitee for complicance.V. Systematic changes were initiated on 3/1/2012 and will continue ongoing.	

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F0323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on record review and interview, the facility failed to ensure a resident received supervision to prevent an accident for 1 of 6 residents reviewed for falls in a sample of 23. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/29/12 at 10:40 a.m. The resident's diagnoses included, but were not limited to, Parkinson disease, dementia without behaviors and Alzheimer disease. The following was reviewed in the record: The Minimum Data Set Assessment, dated 2/08/12, indicated the resident was severely cognitively impaired. Review of current physician orders indicated, "resident to have lap buddy while up in w/c (wheelchair) to promote proper postural alignment for increased safety and to prevent injury r/t (related to) residents attempts to self transfer...."	F0323	It is the practice of this facility to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.I. Resident # B was not harmed. Counseling to CNA Student Instructor and CNA Students. CNA Student Instructor and CNA students were provided a guideline to provide a systematic approach to facilitate quality care and enhance CNA students educational experience. CNA Student Instructor and CNA students recieved and signed the Guidelines to Quality Care on 3/6/2012 (see attachment C). All CNA assignment sheets were updated and now states "residents with alarms are not to be left unattended". (see attachment D). Inservicing initiated on 3/2/2012 on Accidents and Supervision to Prevent Accidents (see attachment E).II. Any resident with alarms have the potential to be affected. CNA Student Instructor and CNA students recieved and signed the Guidelines to Quality Care on	03/14/2012

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	Review of Resident B's current care plan indicated, but was not limited to; "Problem: Resident is at risk for falls" "Goal: Will be free from injury" "Approach: ....keep bed low position....lock bed brakes...staff to toilet and remain with resident." The Resident Progress Notes included, but were not limited to: "2/15/12 1300 (1:00 p.m.) Resident in B/R (bathroom) on commode. Slid off of toilet to buttocks then scooted on floor. No c/o (complaints of) pain. Normal ROM (range of motion) to extremities. no reddened or bruised areas. Resident states he is fine. Assisted up per two. No discomfort noted. Has no apparent injury..." The Post Fall Evaluation dated 2/15/12 included, but was not limited to "Intervention in place at time of fall, low bed, alarm to bed, and toilet program keep in view of staff. Summary of Interdisciplinary Team: Res currently @ high risk for falls. Bed in low position bed alarm. Res is to be kept within view of staff. Educated staff to assist Res with toileting and remain with." On 2/29/12 at 8:20 a.m., in interview with LPN #1, she indicated on 2/15/12		3/6/2012 (attachment C). All CNA assignment sheets were updated and states "residents with alarms are not to be left unattended" (attachment D). Inservicing initiated on 3/2/2012 on Accidents and Supervision to Prevent Accidents (attachment E).III. All CNA students and CNA Student Instructor will recieve the Guideline to Quality Care and must sign at beginning of each training period at our facility. All CNA assignment sheets were updated and will contiue to have fall interventions updated as needed during daily Clinical Meeting 5 times per week.IV. All findings will be presented by DNS/Designee to the PI Committee and reviewed Monthly for 3 months. After 3 months, ongoing monitoring will be determined by PI Commitee for compliance.V. Systematic changes were initiated on 3/2/2012, revised on 3/6/2012 and will continue ongoing.	

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	nursing students were assigned to this resident, and the students thought the resident could be left alone. On 3/1/12 at 12:40 p.m., the DON provided counseling of CNA #4 which included, but was not limited to: The Nursing Instructor was with student CNA [named] when they took Resident B to the restroom. CNA #4 left the student in the restroom with resident to come out into the hall... CNA #4 did not look at the CNA Assignment sheet to see if the resident was at high risk for falls. Both the CNA and student left the resident unattended. Review of the CNA Assignment Sheet on 2/28/12 at 1:30 p.m., indicated the resident had alarms and was a high risk for falls and on the Falling Star Program. Do not leave resident unattended was lacking on the sheet. In interview with the DON on 3/1/12 at 11 a.m., in interview, she indicated "the CNA's were not to leave residents at high risk for falls unattended in the bathroom. Residents with an alarm cannot be unattended. The student left the resident without anyone in attendance. Students are not to give any care without the nurse and instructor's knowledge."			

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	A copy of the Falling Star program was reviewed on 2/29/12 at 3:40 p.m., which included but was not limited to: "Falling Stars are used for residents identified at high risk for falls and/or with a history of falls (past or current). It establishes a common method of communication to remind staff to monitor these residents for fall prevention. It alerts staff to residents at risk for falls and who have approaches or interventions on their care plans to reduce and/or prevent repeat falls..." This federal tag relates to Complaint IN00104095. 3.1-45(a)(2)			