

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/19/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00209082, IN00209440 and IN00210065.</p> <p>Complaint IN00209082 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00210065- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00209440 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-252, F 257, F-312, F-356, F-514.</p> <p>Survey dates: September 15, 16 &amp; 19, 2016.</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census bed type: SNF/NF: 14 SNF: 17 NF: 70 Total: 101</p> <p>Census payor type: Medicare: 17 Medicaid: 70</p>	F 0000		
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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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F 0252 SS=D Bldg. 00	<p>Other: 14 Total: 101</p> <p>Sample: 14</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on September 21, 2016</p> <p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>Based on observation, record review and interview the facility failed to provide a comfortable and home like environment in that equipment was stored in 3 residents rooms, (room 104, 231 and 221).</p> <p>Findings include:</p>	F 0252	<p>F252-</p> <p>1. Mechanical lift was immediately removed from room 231. Geri-chair, oxygen concentrator and mechanical lift was immediately removed from room 221.</p> <p>2.The bed board was used by</p>	10/10/2016

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	<p>Tour of the facility on 9/15/16 at 10:00 a.m., indicated room 104 was observed to have a stand up lift sitting in the room.</p> <p>Observation of room 231 on 9/15/16 at 10:20 a.m., indicated (brand name of mechanical lift) sitting in the room.</p> <p>Interview on 9/15/16 at 10:30 a.m., with LPN #1 indicated "I don't know why the lift was left in room 231, there should be someone in there getting her up."</p> <p>On 9/15/16 at 10:35 a.m., interview with CNA #2 indicated "I don't know why the lift was left in room 231, it was in there when I came in at 7:00 a.m. We normally keep them in the shower room. Review of Resident #D's record on 9/16/16 at 10:50 a.m., indicated the resident's diagnoses included, but were not limited to, osteoarthritis, multiple rib fractures, diabetes, hypertension and right radius fracture.</p> <p>Interview with Resident #D's family member on 9/15/16 at 11:15 a.m., indicated while the resident resided in the facility he was in a two person room, but did not have a roommate. The resident's room had a mechanical lift, oxygen tank and geri chair stored in his room for weeks that the resident did not use. She</p>		<p>management team to audit and ensure there is not any care equipment stored in resident rooms.</p> <p>3.The licensed nursing staff and certified nursing assistants were in-serviced on patient environment and large equipment storage in room. Facility systemic changes include management to monitor equipment placement by using Angel Care Sheets 3x weekly.</p> <p>4. The Executive Director/ Director of Nursing/ designee will review the audit tools for compliance. The review of these audits will be presented to the Performance Improvement Committee monthly for 6 months.</p>	

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F 0257 SS=D Bldg. 00	<p>felt like the resident's room was used as a storage room. The resident resided in room 221.</p> <p>This Federal tag relates to Complaint IN00209440.</p> <p>3.1-19(f)(5)</p> <p>483.15(h)(6) COMFORTABLE &amp; SAFE TEMPERATURE LEVELS The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F Based on observation and interview the facility failed to provide the residents with comfortable room temperatures.</p> <p>Findings include:</p> <p>Tour of the facility on 9/16/16 at 9:45 a.m., with the Maintenance Director indicated main dining room temperature was 74.0 degrees. On Brookshire hall random room temperatures were as follows: Rooms: 102 - 69.2 108 - 69.4 109 - 64.9</p>	F 0257	F257-	10/10/2016

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	<p>113 - 68.9 116 - 68.3 127 - 68.7 128 - 68.9 Cambridge hall random room temperatures were as follows: Rooms: 200 - 68.3 204 - 70.1 209 - 68.0 213 - 68.9 216 - 70.4 218 - 69.9 224 - 68.0 225 - 69.2 230 - 70.3 237 - 68.9 238 - 64.4</p> <p>Interview on 9/16/16 at 10:15 a.m., with the Maintenance Director indicated " the residents don't control their room temperatures, I control the whole building. I turned the chillers up a couple of hours ago because it's cool in here, but it takes a while for the temperature to raise. It is very hard to keep all the rooms at proper temperatures."</p> <p>Interview with Resident #M on 9/19/16 at 1:20 p.m., indicated she was cool in her room and had to wear long sleeves in order to stay warm.</p>		<p>changes are maintenance will monitor room temperatures 3x weekly to ensure all rooms are within standard range.</p> <p>4.The Executive Director/ designee will review the documented temperatures for compliance. The review of these temperatures will be presented to the Performance Improvement Committee monthly for 6 months.</p>	

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F 0312 SS=D Bldg. 00	<p>Interview with Resident #P on 9/19/16 at 1:35 p.m., indicated his room was cool. The resident kept his temperature at his house on 78 degrees. The resident requested the temperature in his room to be turned up.</p> <p>This Federal tag relates to Complaint IN00209440.</p> <p>3.1-19(h)</p> <p>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.</p> <p>Based on observation, interview and record review the facility failed to assist residents with personal hygiene including showers and nail care for 3 of 4 residents reviewed for Activity of Daily Living (ADL) assistance (Resident #F, Resident #D and Resident #L).</p> <p>Findings include:</p> <p>1.) During observation on 9/15/16 at</p>	F 0312	<p>F312</p> <p>1.Resident D was discharged. Resident F had a shower provided on/ after 9/15/16. Resident L had a shower provided on/ after 9/16/16.</p> <p>2.Audit tools were initiated. The Nurse Verification of POC Charting Completion will be completed 2x weekly in regards to shower documentation by Unit</p>	10/10/2016

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	<p>12:50 p.m., Resident #F was sitting in the main dining room. The resident's hair was greasy/dirty in appearance and resident's nails were long with black substance caked in them.</p> <p>During observation on 9/16/16 at 10:05 a.m., Resident #F was sitting in her room in a wheelchair. The resident's nails were long and had black substance caked in them. The resident's sweatshirt was stained and dirty.</p> <p>During observation on 9/19/16 at 10:10 a.m., Resident #F was sitting in the assisted dining room in a wheelchair. The resident's hair was greasy and dirty. The resident's finger nails were long with black substance underneath them.</p> <p>During observation on 9/19/16 at 12:55 p.m., Resident #F was sitting in the main dining room eating lunch. The resident had long dirty nails.</p> <p>Review of the record of Resident #F on 9/15/16 at 2:50 p.m., indicated the resident's diagnoses included, but were not limited to, dementia with behaviors, major depression disorder, hypertension, Coronary Obstructive Pulmonary Disease (COPD), delusional disorder and osteoarthritis.</p>		<p>Managers/ MOD/ designee.</p> <p>3. Licensed nurses and certified nursing aides, were inserviced on providing and documenting showers. Facility systemic changes are Unit Manager/ Manager on Duty will use the Nurse Verification of POC Charting Completion 2x weekly to ensure showers are being provided and documented.</p> <p>4. The Executive Director/ Director of Nursing/ designee will review the Nurse Verification of POC Charting Completion for compliance. The review of these audits will be presented to the Performance Improvement Committee monthly for 6 months.</p>	

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	<p>The Quarterly Minimum Data Set (MDS) assessment for Resident #F, dated 7/18/16, the resident required extensive assistance of two people to transfer, ambulation- did not occur, extensive assistance of one person to get dressed and physical help in bathing of one person.</p> <p>The shower sheet for Resident #F, dated July 2016, indicated the resident received 7 partial baths, 2 bed baths and 1 shower in 31 days.</p> <p>The shower sheet for Resident #F, dated August 2016, indicated the resident received 4 full bed baths, 2 baths and 2 showers in 31 days.</p> <p>The shower sheet for Resident #F, dated September 2016, indicated the resident had 1 full bed bath and 1 shower in 19 days.</p> <p>2.) Review of Resident #D's record on 9/16/16 at 10:50 a.m., indicated the resident's diagnoses included, but were not limited to, osteoarthritis, multiple rib fractures, diabetes, hypertension and right radius fracture.</p> <p>The Admission MDS assessment for Resident #D, dated 7/21/16, the resident required extensive assistance of two</p>			

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	<p>people to transfer, ambulation- did not occur, physical help in part of bathing of one person.</p> <p>The record of Resident #D indicated the resident resided at the facility 37 days and during that time he received 7 full bed baths and 2 partial baths. The record indicated the resident did not receive a shower while residing in the facility.</p> <p>Interview with Resident #D's family member on 9/15/16 at 11:15 a.m., indicated the resident did not receive any showers while at the facility besides one that she provided. The family member indicated the resident was not offered a shower.</p> <p>3. On 9/16/16 at 10:15 a.m., Resident #L indicated he does not get his showers, that he has only had two in several months since he has been here.</p> <p>Resident #L's record was reviewed on 9/16/16 at 1:30 p.m. The record indicated Resident #L was admitted with diagnoses that included, but were not limited to, paraplegia (paralysis of lower part of body), chronic pain, congestive heart failure, chronic obstructive pulmonary disease, anxiety, high blood pressure, and heart disease.</p>			

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	<p>A Quarterly Minimum Data Set (MDS) assessment, dated 8/31/16, indicated Resident #L was cognitively intact, had no behaviors, did not walk, and required extensive assistance of one for transfers, bed mobility, dressing, hygiene and bathing.</p> <p>A care plan, provided by the MDS Coordinator as the current care plan, indicated a focus of: "[Resident #L] has an ADL (activities of daily living) self care performance deficit r/t hemiplegia (weakness on one side of his body). Goals: I need my caregiver to be able to assist me/perform grooming /dressing /bathing. Interventions/Tasks...Bathing: requires extensive staff participation with bathing."</p> <p>A "Patient Nursing Evaluation Part 3" assessment for ADL's, dated 5/25/16, indicated Resident #L required limited assistance for dressing, required physical help in part of bathing activity, and his bathing type preference was that he preferred showers.</p> <p>Review of weekly bath documentation, dated 7/20/16 through 9/17/16, indicated Resident had a shower on 8/13/16 and 9/3/16, with no other documentation he had a shower.</p>			

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F 0356 SS=D Bldg. 00	<p>On 9/19/16 at 3:47 p.m., CNA #1 indicated bathing is documented on the I-Pod (CNA's carry an I-Pod to chart care on) and it shows up on the weekly bathing documentation, on the resident's record. He said if a resident refuses a shower, they put it in that he refused.</p> <p>This Federal tag relates to Complaint IN00209440.</p> <p>3.1-38(a)(2)(A)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be</p>			

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	<p>posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview the facility failed to provide and post the correct nurse staffing information for the past 55 days.</p> <p>Findings include:</p> <p>Touring of the facility on 9/15/16 at 10:00 a.m., indicated nurse staff posting on Brookshire hall and Cambridge hall stated, Daily Staffing for Friday July 22, 2016.</p> <p>Interview on 9/15/16 at 10:10 a.m., with the Director of Nursing indicated "our scheduler is suppose to do the posting daily, but she has been off for surgery for the past 2 days."</p> <p>This Federal tag relates to Complaint IN00209440.</p> <p>3.1-13(a)</p>	F 0356	F356	10/10/2016	<p>1. Staffing hours were immediately posted.</p> <p>2. Scheduler/ designee will audit 3x wk with a calendar to verify daily nursing staffing is posted.</p> <p>3. Scheduler was in-serviced on posting staffing hours daily. Facility systemic changes are scheduler/ designee will use calender 3x weekly to ensure staffing hours are posted.</p> <p>4. The Executive Director / Director of Nursing/ designee will review the calendar for compliance. The review of these audit calendars will be presented to the Performance Improvement Committee monthly for 6 months.</p>		

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F 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>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 interview and record review the facility failed to have complete documentation for meal consumption for 1 of 3 residents reviewed for nutrition (Resident #D).</p> <p>Findings include:</p> <p>1.) Review of Resident #D's record on 9/16/16 at 10:50 a.m., indicated the resident's diagnoses included, but were not limited to, osteoarthritis, multiple rib fractures, diabetes, hypertension and right radius fracture.</p>	F 0514	<p>F514</p> <p>1. Resident D was discharged. 2. Audit tools were initiated the Nurse Verification of POC Charting Completion will be used 3x weekly in regards to meal intake documentation by the Unit Manager/ MOD/ designee. 3. Licensed nurses and certified nursing aides, were inserviced on meal intake and documention. Facility systemic changes are Unit Managers/ Manager on Duty will use the Nurse Verification of POC Charting Completion 2x</p>	10/10/2016

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	<p>The meal consumption record for Resident #D indicated the following: there was no meal consumption documentation the resident consumed breakfast or lunch on 8/11/16, lunch or dinner on 8/12/16, lunch or dinner on 8/15/16 and breakfast and lunch on 8/17/16.</p> <p>The progress note for Resident #D, dated 8/12/16 at 9:17 p.m., "gave resident his choice of meal this evening." "He said he was craving a chocolate shake and fries." "Staff member got him his request and resident was very pleased." "He ate 100% of both the fries and shake."</p> <p>Interview with Resident #D's family member on 9/15/16 at 11:15 a.m., indicated Resident #D called the family member at home and reported he did not receive supper on 8/12/16. The family member called the facility and reported this and was told the resident had received supper and he was confused. The family member insisted the facility provide him with a supper meal. The family member indicated the resident reported to her that the facility provided him with cold fries and a milkshake after she called the facility.</p> <p>Interview with the Director Of Nursing</p>		<p>weekly to ensure meal intake and documentation.</p> <p>4. The Executive Director/ Director of Nursing/ designee will review the Nurse Verification of POC Charting Completion for compliance. The review of these audits will be presented to the Performance Improvement Committee monthly for 6 months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/19/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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	<p>(DON) on 9/19/16 at 3:55 p.m., the CNA's were responsible to document meal intake. If a resident did not eat, the CNA should mark 0%. The DON indicated she did not think Resident #D missed meals on 8/11/16, 8/12/16, 8/15/16 and 8/17/16. The issue was lack of documentation and not missed meals.</p> <p>This Federal tag relates to Complaint IN00209440.</p> <p>3.1-50(a)(1)</p>			