

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/03/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTHWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 MARGARET AVE TERRE HAUTE, IN 47802
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the investigation of complaint number IN00142630.</p> <p>Complaint number IN00142630 substantiated. No deficiencies cited.</p> <p>Survey Dates: January 27, 28, 29, 30, 31, 2014 and February 3, 2014</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Survey Team: Mary Weyls RN TC Teresa Buske RN Karen Hartman RN Laura Brashear RN January 30, 31, 2014 and February 3, 2014</p> <p>Census Bed Type: SNF/NF: 110 Total:110</p> <p>Census Payor Type: Medicare: 24 Medicaid: 72 Other: 14 Total: 110</p> <p>These deficiencies also reflect state</p>	F000000		
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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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F000242 SS=D	<p>findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 02/05/2014 by Brenda Marshall, RN 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview, and record review the facility failed to ensure each resident had the right to chose a personal schedule i.e. the time awakened and assisted for dressing for 1 of 3 residents that met the criteria for choices. (Resident #122).</p> <p>Findings include:</p> <p>Upon interview of Resident #122 on 1/28/14 at 10:54 a.m., the resident stated that the nursing staff woke him up at 3 a.m., assisted him to get dressed, and then he laid back down in his bed. The resident stated the CNA told him they had to get a certain number of residents up before the day shift came in.</p> <p>Upon interview of Resident #122 on</p>	F000242	Facility respectfully requests a Desk Review. The facility will ensure resident #122 is provided the right to chose a personal schedule i.e. the time awakened and assisted for dressing. Care plan is updated accordingly. There were no other residents currently affected by this practive. Other residents will be identified by interviews through the Angel Care Program, Abaqis interviews and during resident council monthly meetings. Inservice will be completed for all staff to ensure their knowledge that the resident has the right to choose activities, schedules and health care, consistent with his or her interests, assessments and care plans. Social Serivces/designee will interview 25 residents monthly for 6 months. Any concerns will be reported to the administrator or designee immediatedly.	02/17/2014			

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	<p>1/30/14 at 11:55 a.m., the resident stated he was awakened at 1 a.m. by nursing staff. He indicated the staff assisted him to get dressed, and he laid down in bed. The resident stated he got back up at 8 a.m. The resident indicated he was assisted with washing, but on some days he took showers when he was awakened.</p> <p>Upon interview of LPN #2 on 1/31/14 at 10:20 a.m., the LPN indicated the night shift staff had a list of residents that received showers and/or got dressed and then laid back down on their shift.</p> <p>Upon interview of CNA #8 on 1/31/14 at 11:15 a.m., the CNA indicated a few residents were up when the day shift came in. The CNA indicated Resident #122 was usually dressed when he came in on day shift, but that the resident laid back down. The CNA was unsure of the time the residents were awakened, but that the time was "probably" not before 5 a.m.</p> <p>Upon review of Resident #122's clinical record on 1/31/14 at 11 a.m., the most recent Minimum Data Set (MDS) assessment was completed on 12/20/13. The assessment</p>		Monthly reports will be presented to facility's monthly Performance Improvement Committee for 6 months and quarterly there after to ensure continued compliance.				

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F000247 SS=D	<p>identified the resident as cognitively intact for cognitive decision making skills, and extensive assistance with one person physical assist for bed mobility, dressing, and personal hygiene.</p> <p>Upon review of "100 Hall Get Up List" [no date] on 1/31/14 at 11:12 a.m., Resident #122 was listed as "Get Dressed."</p> <p>3.1-3(u)(1) 483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview, and record review the facility failed to ensure each resident received notice of roommate change for 1 of 18 residents reviewed for room and/or roommate change within the last 9 months. (Resident #122).</p> <p>Findings include:</p> <p>Upon interview of Resident #122 on 1/28/14 at 11:08 a.m., the resident indicated he had a new roommate within the last 9 months. The resident also indicated he was not given notice of new roommate prior to the roommate being moved into</p>	F000247	Facility respectfully request a Desk Review. The facility will ensure resident #122 is properly notified of roommate/room change prior to receiving a new roommate. No other current residents were affected by this practice. All residents will be notified in advance of a requested room change or notification of a new roommate prior to change occurring. Facility has ordered advance notification form from Briggs that will be completed for any room change and/or roommate change prior to the change occurring. Social Services/designee will be responsible that proper documentation is completed	02/17/2014			

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	<p>his room.</p> <p>Upon interview of the Social Service Director (SSD) on 1/31/14 at 4:20 p.m., the SSD indicated Resident #122's current roommate was moved into the resident's room on 7/30/13. The SSD indicated documentation of the notification was present in the roommate's clinical record; however, documentation of new roommate notification in Resident #122's clinical record was lacking. The SSD indicated he had notified the resident of the new roommate, but did not document the notification.</p> <p>Upon review of Resident #122's clinical record on 1/31/14 at 11 a.m., the most recent Minimum Data Set (MDS) assessment was completed on 12/20/13. The assessment identified the resident as cognitively intact for cognitive decision making skills.</p> <p>Upon review of the facility's current policy and procedure titled "Change in Resident Room or Roommate" dated 10/31/2009 on 2/3/14 at 3:38 p.m., documentation was noted of "Policy: Notice is given to residents when the center is planning a room change or a change in a</p>		and/or charted and/or placed in residents medical record. Unit Manager will validate per occurrence for completion in order to maintain continued compliance. Room changes/roommate changes will be reviewed M-F in AM meeting to validate the notifications. Social Services.designee will report at facility's monthly Performance Improvement Committee for 6 months and quarterly there after to ensure continued compliance.		

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	<p>roommate...3. For a resident who is receiving a new roommate, a staff member should give the resident as much notice and information about the new person as possible, while maintaining confidentiality regarding medical information..."</p> <p>3.1-3(v)(2)</p>			

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review the facility failed to</p>	F000441	Facility respectfully requests a Desk Review. Licensed staff have	02/17/2014			

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	<p>ensure proper sanitation of glucometers (meter to test blood sugar) and/or proper handwashing during wound treatments for 2 of 5 residents. (Residents #29 and #99)</p> <p>Findings include:</p> <p>1. On 1/31/14 at 3:45 p.m., LPN #3 performed a blood sugar test on resident #99. After the test, the LPN took a wet gauze from a small blue container on top of the medication cart. The exterior of the blue container housing the wet gauze had documentation indicating "wipes for glucometer." The LPN indicated this is what she uses to cleanse the glucometer between residents.</p> <p>During interview of the DON (Director of Nursing) on 1/31/14 at 4 p.m., the DON indicated the wipes to cleanse the blood sugar meter, were bleach wipes in the drawer of the medication care. The DON indicated the blue container on top of the medication cart were wipes soaked with water that were to be used, after the cleansing of the meter with bleach, to remove the bleach residue.</p> <p>During interview of the DON on 2/3/14 at 11:30 a.m., the DON</p>		<p>been provided with a detailed inservice to ensure the deficient practice does not repeat. Further, LPN #3, has been identified and demonstrated understanding of infection control practices/proper glucometer sanitation on 1-31-14.LPN #2 has been identified and has demonstrated understanding of infection control practices specifically in regards to dressing changes and/or proper handwashing during wound treatments. There were no complications for the residents affected. All residents requiring glucose testing and/or wound treatments have been identified as being at risk for the same deficient practices. An inservice with competencies for all licensed nurses on hand hygiene/washing and cleaning glucometers will be provided to licensed staff clearly detailing the facility's infection control policy and practices designed to provide a safe, sanitary environment and to help prevent the development and transmission of disease and infections. The ADNS will periodically monitor and record adherence of the hand hygiene/hand washing and proper sanitation of glucometers policy and procedure. ADNS observation will be done weekly on random residents and across all 3 shifts for 6 months to ensure continued compliance. The Staff Development Coordinator does provide the hand hygiene</p>		

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	<p>indicated LPN #3 worked part time.</p> <p>During review of LPN #3's January 2014 timecard, received from LPN #9, on 2/3/14 at 11:30 a.m. The time card indicated the LPN worked 14 days (8 hr shifts) in the month of January 2014. The documentation indicated the LPN worked on the 100 and 400 units.</p> <p>Upon review of manufacturer's recommendation of "Sani-cloth Bleach Germicidal disposable wipe" received on 1/31/14, at 11: 50 am, from the DON, documentation indicated to wipe the blood sugar meter with the bleach wipe and allow to remain wet for at least one minute.</p> <p>2. On 1/30/14 at 10:43 a.m., LPN #2 performed a treatment to resident #29's coccyx. While wearing gloves, LPN #2 removed a dressing from resident #29's wound. The dressing was noted with a brownish/green drainage. While wearing the same gloves the LPN irrigated the wound with normal saline, and cleansed the area with a normal saline soaked gauze. The LPN then removed the gloves to place the call light on.</p> <p>During review of a facility policy titled</p>		<p>washing and proper sanitation of glucometers policy and procedures inservices during orientation and during annual clinical competency validations.The ADNS will submit a written report to the Performance Improvement Committee monthly. The report will summarize direct observations of staff performance related to hand hygiene/hand washing/ glucometer sanitation. Deficiencies observed will be reported along with an explanation of immediate actions taken to correct at the time of the deficiency and the follow-up observation/findings to determine if the immediate action was effective. The Performance Improvement Committee will determine if further inservicing/education and/or increased monitoring should be implemented. The performance improvements committee will monitor hand hygiene and washing audits monthly for 6 months and then quarterly there after.</p>				

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	"Clean Dressing Change" received from the DON on 11/31/14 at 11:50 a.m., documentation was noted indicating, "9. Remove soiled dressing....10. Remove gloves and dispose in plastic bag.. 11. Perform hand hygiene." 3.8-18(b)(1)				