

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/03/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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F0000	<p>This visit was for the Investigation of Complaint IN00103316, Complaint IN00101892, and Complaint IN00102570.</p> <p>Complaint IN00102570- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00103316- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00101892-Substantiated with no related deficiencies.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: 2/2/2012, 2/3/2012</p> <p>Facility Number: 000227 Provider Number: 155334 AIM number: 100267520</p> <p>Survey Team: Courtney Mujic, RN- TC Kim Perigo, RN</p> <p>Census Bed Type: SNF/NF: 134 Total: 134</p> <p>Census Payor Type: Medicare: 34</p>	F0000		
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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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	<p>Medicaid: 75 Other: 25 Total: 134</p> <p>Sample: 9</p> <p>Kindred Transitional Care and Rehabilitation was found to be in substantial compliance with 42 CFR part 483 subpart B and 410 IAC 16.2 in regard to the investigation of complaint IN00103316, Complaint IN00101892, and Complaint IN00102570.</p> <p>Quality review completed 2/7/12 Cathy Emswiler RN</p>				

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F0514 SS=A	<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 record review and interview, the facility failed to document blood sugar testing and insulin administration for 2 of 3 residents reviewed with physician orders for sliding scale insulin in a total sample of 9 residents. Resident #D and Resident #H.</p> <p>Findings include:</p> <p>1. Resident #D's clinical record was reviewed on 2/2/2012 at 2 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A physician's order dated 8/28/2011 indicated; perform fingersticks four times daily, sliding scale- use Humalog insulin coverage, call MD for bs (blood sugar) < [less than] 70 or > [greater than] 400, bs 201- 250= 2 units, bs 251- 300= 4 units, bs 301- 350= 6 units, bs 351- 400= 8 units.</p>	F0514	<p>F514 Residents' records have been audited to ensure that the MAR/TAR has been signed and that the implementation of the care plan follow-through for acuu-checks and insulin administration is completed.</p> <p>Daily audits have been initiated to ensure that the MAR/TAR has been signed and that staff is recording the response to medication.</p> <p>Staff will be in-serviced on complete and accurate documentation of records.</p> <p>A random audit of MAR/TAR and physician orders will be conducted three times per week and the results reported at the PI meeting monthly until full compliance has been achieved.</p> <p>The Administrator/Designee is responsible for ensuring compliance with this standard.</p>	03/01/2012			

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	<p>Review of the January 2012 Diabetic Monitoring Flowsheet indicated no initials or notes related to glucose test completion or the amount of insulin administered on the following dates; 1/10/2012 at 9 p.m., 1/13/2012 at 11 a.m., 1/17/2012 at 11 a.m.</p> <p>Review of the January 2012 Diabetic Monitoring Flowsheet also indicated no initials or notes related to amount of insulin administered when a blood glucose result test was performed on the following dates; 1/10/2012 at 11 a.m. with a glucose test result of 247, at 4 p.m. with a result of 338, 1/12/2012 at 4 p.m. with a result of 206, at 9 p.m. with a result of 322, 1/15/2012 at 4 p.m. with a result of 330, at 9 p.m. with a result of 265, 1/16/2012 at 11 a.m. with a result of 261, 1/18/2012 at 4 p.m. with a result of 227, 1/19/2012 at 11 a.m. with a result of 223.</p> <p>2. Resident #H's clinical record was reviewed on 2/3/2012 at 11 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A physician's order dated 10/12/2010 indicated; accuchecks (blood glucose test) four times a day, sliding scale Humalog insulin coverage, call MD for bs (blood sugar) < [less than] 70 or > [greater than]</p>						

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	<p>500, bs 150- 200= 3 units, bs 201- 300= 5 units, bs 301- 400= 6 units, bs 401- 500= 8 units.</p> <p>Review of the January 2012 Diabetic Monitoring Flowsheet indicated no initials or notes related to glucose test completion or the amount of insulin administered on the following dates; 1/3/2012 at 11 a.m., 4 p.m., 9 p.m. 1/14/2012 at 9 p.m.</p> <p>Review of the January 2012 Diabetic Monitoring Flowsheet also indicated no initials or notes related to amount of insulin administered when a blood glucose result test was performed on the following dates; 1/13/2012 at 4 p.m. with a result of 186, 1/17/2012 at 11 a.m. with a result of 205, 1/18/2012 at 9 p.m. with a result of 214.</p> <p>Interview with the Director of Nurses on 2/3/2012 at 3:17 p.m., indicated that she could not account for the missing documentation related to the accuchecks and sliding scale insulin for Resident D and Resident H. She indicated she spoke with the nurses who were on the schedule for the dates and times with missing documentation and that the nurses had completed the checks but forgotten to document.</p>						

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