STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	2100 MIDWAY ST COLUMBUS, IN 47201

(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 the Investigation of Complaint IN00103884. Complaint IN00103884 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: February 29 and March 1, 2012 Facility number: 000058 Provider number: 155133 AIM number: 100283340 Survey team: Diana Sidell RN, TC Jill Ross RN Census bed type: SNF/NF: 146 Total: 146 Census payor type: Medicare: 13 Medicaid: 110 Other: 23 Total: 146 Sample: 10	F0000		

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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	Supplemental sample: 1 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review 3/05/12 by Suzanne Williams, RN			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201	

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F0224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure residents remained free of abuse in that one incident of misappropriation of a resident's narcotic medication occurred. This affected 1 of 8 residents reviewed for abuse in a sample of 10. (Resident #I) Findings include: Resident #I's record was reviewed on 3/1/12 at 11:31 a.m. The record indicated Resident #I was admitted with diagnoses that included, but were not limited to, intracranial hemorrhage (brain bleed), gastrostomy tube (a feeding tube that goes through the skin into the stomach), and gastroesophageal reflux disease. Physician's orders dated 2/1/2011 through 2/29/12 indicated an order for oxycodone 20 milligrams every 6 hours for moderate generalized pain given by G-tube, with a start date of 12/20/11. A Facility Incident Reporting Form, dated	F0224	I. Resident I and Resident E had no adverse effects. II. Residents on Intake and Output observation have the potential to be affected. Licensed Nurses were re-inserviced on " Intake and Output Policy & Procedure On March 12 & 13, 2012. III. Unit Managers will review Intake & Output sheets daily Monday thru Friday and Weekend Supervisor on Saturday and Sunday for completion and accuracy. Staff was in serviced on Fluid Intake and Output Measurement policy and Patient Medical Records policy. Any non-compliance issues identified will result in education or disiplinary action up to and including termination. IV. DNS/Designee will use the Hydration QA form for auditing, weekly x 4, monthly x 2 and then quarterly until compliance is achieved. Results of the audit will be reviewed in PI committee with action plans implemented as necessary. Compliance Date of 3-18-2012	03/18/2012

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	as faxed on 2/20/12, indicated: "Brief Description of Incident: At 2pm [RN#1] off going nurse and [LPN #2] on coming nurse completed the narcotic count on the South Medication Cart Moving Forward [hallway in facility] area. [RN #3] weekend supervisor witnessed the count. [RN #1 and RN #3] left the area. [LPN #4 and RN #5] were exchanging report for West hall at the Moving Forward nurse's station and LPN #2 was at the South Medication Cart when [LPN #4 and RN #5] witnessed [LPN #2] opening the narcotic box. RN #5 heard some pops the sound made when pills are being removed from packet and LPN #4 witnessed [LPN #2] putting the pills in her pocket. [LPN #2] walked into the charting area and then to the restroom. The 2 nurses [LPN #4 and RN #5] immediately notified the Weekend Manager [RN #3] and at 2:15 p.m. [RN #3] contacted the Executive Director. When [LPN #2] came out of the bathroom the Nurse [RN #1] asked [LPN #2] for her keys and [LPN #2] was taken to an office by [LPN #6] Manager on Duty. [RN #1] and [RN #3] did a recount of narcotics on [LPN #2's] medication cart. Noted 3 methadone tablets for resident [L], 4 methadone tablets for resident [M] and 3 Oxycodone for resident [I] had been punch[ed] for (sic) the card and removed from the medication cart. [RN #3] had [LPN #6]			

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	bring [LPN #2] back to the unit and they asked [LPN #2] to join them in the office behind the nurse's station. When [LPN #2] entered the back room she told [RN #3] "I have some pills I need to give" and she handed [RN #3] 1 medication cup with 3 methadone (not due until 6pm and another medication cup with 4 methadone (not due until 8pm) [RN #3] asked about why she had the narcotics and they weren't due until later. [LPN #2] responded "At 2pm after count I take out the narcotics for 8pm and put them in the cart to pass later. [RN #3] informed [LPN #2] that was pre-setting medications and against the regulations. [RN #3] then informed [LPN #2] she was being suspended pending investigation The 3 missing oxycodone were not returned, [LPN #2] stated she had given resident [I] the oxycodone. When resident [I] was asked about her medication she told the manager on duty that [RN #1] was the last nurse to give her medications. [Resident I] scores an 11/15 on the BIMS (brief interview for mental status). Type of injury/injuries: no injuries. Immediate action taken: [RN #3] was notified; she then notified [Executive Director]. [LPN #2] was removed from the area and the medication cart was counted. When cart was counted it was found to be missing a total of 7 - 10mg Methadone HCL and 3 - 10mg Oxycodone. [LPN #2] returned 7 -			

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	10 mg Methadone's and stated she had already administered the Oxycodone, [LPN #2] stated she had popped her meds for later when she was getting meds out of cart. [LPN #2] was sent home pending investigation. Physician, family and local police department were notified. Preventive measures taken: Pain assessments were completed for residents on the South hall of Moving Forward with no findings. Licensed nursing staff being inserviced on pre-setting medications." A written statement from LPN #6 was included in the investigation of the missing narcotics, and included, but was not limited to, "...explained we had to send her home due to accusations. She stated she had pills pulled for [Residents L, M, and I]. She stated she always pulls them at start of shift. She also stated she had already given [Resident I] hers...When doing pain assessment on [Resident I] she stated her legs & back hurt. I asked her when was last time she had any pain meds & she stated about 3 hrs. ago. This was at approximately 3pm....." A policy titled, "Abuse" with an effective date of 10/26/11, was provided by the Director of Health Services on 2/29/12 at 9:03 a.m. The policy indicated: "Policy:			

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	Verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of patient property are strictly prohibited. All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency)...." On 3/1/12 at 3:30 p.m., the Executive Director indicated the allegation was substantiated and LPN #2 was terminated. 3.1-27(b)			

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F0514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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.			
	Based on record review and interview, the facility failed to ensure intake and output records for residents with gastrostomy tubes (feeding tube inserted through the skin into the stomach) were completed for each shift and included 24 hour totals. This affected 2 of 10 residents reviewed for complete and accurate records in a sample of 10. (Residents #I and E) Findings include: 1. Resident #I's record was reviewed on 3/1/12 at 11:31 a.m. The record indicated Resident #I was admitted with diagnoses that included, but were not limited to, respiratory failure and gastrostomy tube. Physician's recapitulation orders dated 2/12012 through 2/29/2012 included, but were not limited to, "Document the	F0514	I. Resident I- no adverse effects; Medications were replaced. Pain assessments were completed on the residents on the Moving Forward hall immediately. II. Residents receiving prn narcotics have the potential to be affected. Pharmacy Technician here and completed a MAR to Cart audit on March 5-9, 2012. Pain Assessment completed on residents receiving prn narcotics. III. Licensed nurses were re-inserviced on the Controlled Medications policy & Procedure and Narcotic Count sheets on March 12 & 13, 2012. Unit Managers to review narcotic count sheets and narcotic card verification daily; Monday through Friday, excluding weekends. Non compliance issues identified will result in education and /or disciplinary	03/18/2012

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	amount of formula and water provided every shift, total intake every 24 hours." "Enteral Nutrition is medically necessary due to: Intracranial hemorrhage" "Enteral Nutrition via Pump: Full strength Osmolite 1.2 at 70 ml (milliliters) per hour for 15 hours every day via pump per f/c (foley catheter) 16 5ml G tube. Start infusion at 6pm and continue until 9am OR until total volume is given." "Flush feeding tube with 180 ml water before and after feeding and with 30 ml water before and after medication administration." Review of January 2012 comprehensive intake and output records indicated the following dates and shifts lacked documentation of G-tube fluids given: 1/1 - No evening shift feeding or flush and no 24 hour total 1/2 - No night shift or evening shift flush and no 24 hour total 1/3 - No day or evening feeding or flush and no 24 hour total 1/4 - No night flush, no evening feeding or flush, and no 24 hour total 1/5 - No night flush, no day or evening feeding or flush, and no 24 hour total 1/6 - No documentation of feeding or flush on any shift and no 24 hour total 1/7 - No night or evening feeding or flush and no 24 hour total		action up to and including termination. IV. DNS/Designee will complete narcotic count audit sheets weekly x 4, then monthly x 3, then quarterly until compliance is achieved. Results will be reviewed in PI Committee and action plans implemented as necessary. Date of compliance 03-18-2012	

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	1/8 - No evening feeding or flush and no 24 hour total 1/9 - No 24 hour total 1/10 - No evening feeding or flush and no 24 hour total 1/11 - No night or evening feeding or flush and no 24 hour total 1/12 - No evening feeding or flush and no 24 hour total 1/13 - No night flush, no evening feeding or flush and no 24 hour total 1/14 - No night feeding or flush, no evening flush, and no 24 hour total 1/15 - No 24 hour total 1/16 - No evening feeding or flush and no 24 hour total 1/17 - No evening feeding or flush and no 24 hour total 1/18 - No night flush 1/19 - No night flush 1/20 - No night flush 1/25 - No night feeding or flush and no 24 hour total 1/26 - No night feeding or flush and no 24 hour total 1/27 - No day or evening feeding, no night, day, or evening flushes, and no 24 hour total 1/28 - No night feeding or flush and no 24 hour total 1/29 - No night flush and no 24 hour total 1/30 - No night flush and no 24 hour total 1/31 - No day or evening feeding or flush and no 24 hour total			

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	Review of February 2012 "Comprehensive Intake and Output Record" indicated the following dates and shifts lacked documentation of G-tube fluids given: 2/1 - No night or evening feeding or flush and no 24 hour total 2/2 - No night flush and no 24 hour total 2/3 - No night flush and no 24 hour total 2/4 - No night feeding or flush and no 24 hour total 2/5 - No night flush and no 24 hour total 2/6 - No night flush 2/7 - No night flush 2/8 - No night flush, no day feeding or flush and no 24 hour total 2/9 - No night or day flush and no 24 hour total 2/10 - No evening feeding or flush and no 24 hour total 2/12 - No 24 hour total 2/13 - No day feeding or flush and no 24 hour total 1/15 - No evening feeding or flush and no 24 hour total 1/16 - No evening feeding or flush and no 24 hour total 1/17 - No night flush, no evening feeding or flush, and no 24 hour total 2/19 - No day feeding or flush, no evening feeding, and no 24 hour total 2/22 - No evening feeding or flush and no			

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	24 hour total 2/23 - No evening feeding or flush and no 24 hour total 2/24 - No evening feeding or flush and no 24 hour total 2/25 - No 24 hour total 2/26 - No 24 hour total 2/27 - No evening feeding or flush and no 24 hour total 2/28 - No evening feeding or flush and no 24 hour total 2/29 - No evening feeding or flush and no 24 hour total 2. Record review on 3/1/12 at 8:45 a.m., indicated Resident E's diagnoses included, but were not limited to, traumatic brain injury, history of aspiration pneumonia, dysphasia, and gastrostomy tube. Physician orders for Resident E were: "...2. No diet, no meal tray, NPO (nothing by mouth)...Document the amount of formula and water provided every shift, Total intake q (every) 24 hours...Enteral Nutrition (tube feedings) via pump...All meds per G (gastrostomy) tube..." Review of the January 2012 "Comprehensive Intake - Output Record" indicated: 1/1/12 - no day shift or 24 hour totals documented			

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	1/2/12 - no day shift documentation so 24 hr totals are not correct 1/3/12 - no day shift documentation so 24 hr totals are not correct 1/4/12 - no day shift documentation so 24 hr totals are not correct 1/5/12 - no day, evening or 24 hr total documented 1/6/12 - no day or 24 hr total documented 1/7/12 - no day or evening documentation so 24 hr totals are not correct 1/8/12 - no day, evening or 24 hr totals documented no date - no day shift documentation so 24 hr totals are not correct 1/10/12 - no night, day, 24 hr totals or water with medications (meds) on evenings was documented 1/11/12 - no day shift or 24 hr totals and no documentation of water given with meds 1/12/12 - no day or evening shift documentation so 24 hr totals are not correct 1/13/12 - no documentation of water given with meds on any shift or a total for that 1/14/12 - no day shift total or water given with meds for all three shifts or 24 hour totals 1/15/12 - no day shift water given with meds or 24 hr totals 1/17/12 - no documentation for days or evenings on water given with meds			

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	1/18/12 - no water with meds documented for entire 24 hrs 1/19/12 - no evening shifts amounts for any of the categories so 24 hr totals are not correct 1/20/12 - no day shift documentation so 24 hr totals are not correct 1/21/12 - no day or evening totals or 24 hr totals documented 1/23/12 - no day shift documentation so 24 hr totals are not correct 1/24/12 - no 24 hr totals 1/25/12 - no day shift documentation so 24 hr totals are not correct 1/26/12 - no documentation at all 1/27/12 - no night or day documentation so 24 hr totals are not correct 1/28/12 - no day shift or 24hr totals documented 1/29/12 - no day shift documentation so 24 hr totals are not correct 1/30/12 - no documentation at all 1/31/12 - no documentation for evenings or nights or 24 hr totals Review of the February 2012 "Comprehensive Intake - Output Record" indicated: 2/2/12 - no day shift documentation so 24 totals are not correct 2/3/12 - no day or evening documentation so 24 hr totals are not correct 2/4/12 - no day, evenings, water with			

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	meds or 24 hr totals documented 2/5/12 - no day, evening, water with meds are documented so 24 hr totals are not correct 2/6/12 - no night shift documentation so 24 hr totals are not correct 2/7/12 - no day shift documentation so there is no 24 hr total 2/8/12 - no day shift or 24 hr totals documented 2/9/12 - no evening documentation so 24 hr totals are not correct 2/10/12 - no day shift documentation so 24 hr totals are not correct 2/11/12 - no night shift documentation or 24 hr totals documented 2/12/12 - no 24 hr totals documented 2/13/12 - no day shift or water given with meds on any shift documented so 24 hr totals are not correct 2/17/12 - no day shift documentation so 24 hr totals are not correct 2/18/12 - no day shift or 24 hr totals documented 2/19/12 - no night or day shift documentation so 24 hr totals are not correct 2/20/12 - no day shift documentation so 24 hr totals are not correct 2/21/12 - no 24 hr totals documented 2/23/12 - no evening documentation so 24 hr totals are not correct 2/25/12 - no 24 hr totals documented 2/26/12 - no day shift or 24 hr totals			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/01/2012
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201	

(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
	documented 2/28/12 - no day shift documentation so 24 hr totals are not correct 2/29/12 - no day, evening or 24 hr totals documented A policy for "Fluid Intake & Output Measurement", with an effective date of 10/31/06, was provided by the Executive Director on 3/1/12 at 4:55 p.m. The policy indicated, but was not limited to: "Rationale: Intake and output (I&O) measurement is recorded for residents according to the following criteria...Residents on physician ordered I&O...Residents receiving enteral therapy (intake only)...Procedure: Fluid intake: 1. During each shift, measure fluid taken in by the resident. 2. Record amount of intake in milliliters (ml)...Documentation Guidelines: 1. Record the shift, type, an amount of both intake and output...." On 3/1/12 at 5:00 p.m., the Executive Director indicated they (Executive Director and Director of Health Services) saw the intakes weren't getting on the record and they are going to work on it. 3.1-50(a)(2)			