

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/27/2015
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00171985.</p> <p>Complaint IN00171985- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Unrelated deficiencies cited at F157, F279, and F333.</p> <p>Survey dates: May 26 &amp; 27, 2015</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 26 Medicaid: 62 Other: 23 Total: 111</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
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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 157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights</p>			

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	<p>under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's Physician of a high PT and INR (prothrombin time and international normalized ratio) (laboratory tests for blood clotting times) for 1 of 3 residents reviewed for unnecessary medications in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on 05/26/15 at 2:14 p.m. The resident's diagnoses included, but were not limited to atrial fibrillation and congestive heart failure.</p> <p>A Physician's Order, dated 04/29/15, indicated to obtain a PT/INR on Friday (05/01/15).</p> <p>The record did not indicate the results of the PT/INR completed on 05/01/15 were received by the facility on 05/01/15. There was a PT/INR result, dated 05/04/15, which had the last four PT/INR results listed on the form, which indicated the resident's PT on 05/01/15</p>	F 157	<p>F 157 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>Resident "C" has had all PI/INR's monitored in daily clinical meeting. This was also noted for completion notification and order clarification.</p> <p>All residents receiving Coumadin and receiving PT/INR's will be monitored in daily clinical meeting. This also includes completion of notification and order clarification.</p> <p>A Coumadin monitoring tool is in place to monitor each resident's dosage and scheduled PT/INR and dates are in place. A Coumadin record is in place for each resident in the medication record for easy access.</p>	06/26/2015			

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	<p>was high at 38.1 (normal 20.2-30.8) and the INR was high at 3.87 (normal 2.00-3.00).</p> <p>The Physician's Orders and Nurses' Progress Notes, dated 05/01/15, did not indicate the Physician had been notified of the high PT/INR.</p> <p>A Physician's Progress Note, dated 05/04/15, indicated, "...PT 60.1 and INR 6.08. (INR 3.87 on 05/01 not called) per staff, pt (patient) rec'd (received) Coumadin 2 mg daily for the last 3 days...hold Coumadin..."</p> <p>During an interview on 05/27/15 at 10:14 a.m., the RN Corporate Consultant indicated she had just spoke with the Nurses who had worked on 05/01/15 on the day, evening and night shift, and they were unaware a PT/INR had been complete, and did not recall the results being faxed to the facility so they had not notified the Physician of the results on 05/01/15.</p> <p>During an interview on 05/27/15 at 11:01 a.m., the RN Corporate Consultant indicated she had notified the Laboratory and was informed the results of the 05/01/15 PT/INR was faxed to the facility on 05/01/15 at 11:27 a.m.</p>		<p>All nurses will be in serviced on maintenance of Coumadin records, correct order writing and monitoring of scheduled labs. MD/family notification will also be emphasized.</p> <p>All of these records will be monitored during daily clinical meeting. Any concerns will be corrected immediately. These audits will be ongoing during clinical meetings.</p> <p>Completion June 26, 2015</p>		

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F 279 SS=D Bldg. 00	<p>A facility policy, dated 04/13, titled, "Notifications", received by the RN Consultant as current, indicated, "...Staff informs...attending physician...Laboratory results or any other testing results returned from the contracted laboratory or an outside laboratory..."</p> <p>3.1-5(a)(3)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan for a resident, related to usage of a blood thinner (Coumadin) for 1 of 3 residents</p>	F 279	F 279 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an	06/26/2015

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	<p>reviewed for unnecessary medications in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on 05/26/15 at 2:14 p.m. The resident's diagnoses included, but were not limited to atrial fibrillation and congestive heart failure.</p> <p>The Physician's Orders indicated: 04/22/15, Coumadin 2 mg (milligrams) daily 04/27/15, Hold Coumadin 4/28/15 and on 04/29/15 start Coumadin 2.5 mg alternating with 3 mg daily. 04/29/15, Hold Coumadin 05/04/15, Hold Coumadin and give Vitamin K 10 mg (medication to help clot the blood) now and then 10 mg more at 5 p.m. 05/06/15, Hold Coumadin 05/06/15 and 05/07/15 05/08/15, Coumadin 2 mg daily</p> <p>The Admission Minimum Data Set assessment, dated 04/28/15, indicated the resident received an anticoagulant (blood thinner) in the last four days.</p> <p>The resident's care plan, dated 04/21/15 through 05/26/15, did not include a care plan for the Coumadin usage.</p>		<p>admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>Resident "C" has had her care plan with Coumadin therapy updated.</p> <p>All residents on Coumadin therapy have had their care plans reviewed and updated.</p> <p>All residents on Coumadin therapy will have their care plans reviewed for accuracy during the clinical meeting. New orders are reviewed thereby noting any medications added or eliminated.</p> <p>The MDS staff will review each record during routine scheduled MDS's. Any omissions will be noted on audit record and corrected immediately. These audits will be reviewed during monthly QI/PI meetings until 100% accuracy is obtained for 3 months.</p> <p>Completion June 26, 2015</p>		

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F 323 SS=D Bldg. 00	<p>During an interview on 05/26/15 at 4:30 p.m., the RN Corporate Consultant indicated the resident had no care plan for the Coumadin usage.</p> <p>3.1-35(a)</p> <p>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 observation, record review and interview, the facility failed to ensure adequate supervision and assistance devices to prevent accidents were provided for a resident with multiple falls, related to interventions to prevent falls were not in place, for 1 of 3 residents reviewed for falls in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C was observed on 05/26/15 at 2:05 p.m. and 4:17 p.m. lying in bed. There was no alarm on the resident's bed. There was a bruise observed on the left side of the resident's forehead.</p>	F 323	F 323 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction. Resident "C" has been re-evaluated for all indicated fall interventions. They are in place. All residents have the potential to fall. All residents will be evaluated and interventions in place. All falls will be reviewed during clinical meetings. Interventions, documentation	06/26/2015

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	<p>Resident #C's record was reviewed on 05/26/15 at 2:14 p.m. The resident's diagnoses included, but were not limited to atrial fibrillation and congestive heart failure.</p> <p>An Admission Nursing Evaluation, dated 04/21/15, indicated the resident was a high risk for falls.</p> <p>A Post Fall Investigation, dated 04/26/15 at 6:30 a.m., indicated the resident was found on the floor next to the bed and had rolled or slid out of the bed. The investigation indicated the resident had reached for the phone to call her sister, rolled over and fell from the bed. The resident received no injuries from the fall.</p> <p>A Physician's Order, dated 04/26/15, indicated an order for a pull tab alarm to the bed.</p> <p>The care plan, dated 04/26/15, indicated the resident had an actual fall. The interventions included a pull tab alarm to the bed.</p> <p>A Post Fall Investigation, dated 05/20/15 at 6:45 p.m., indicated the resident was found on the floor next to the bed and had rolled or slid out of the bed, no</p>		<p>regarding assessment, notifications will be reviewed. All falls will be re-evaluated during the interdisciplinary weekly meetings. Interventions will be evaluated and monitored for compliance. These audits will be presented to monthly PI/QI for recommendations. These audits will be reviewed monthly X 6 months and continuation will be determined by the medical director. Completion June 26, 2015</p>	

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	<p>assistive devices were being used and the resident indicated she was trying to go see her sister. The resident received no injuries from the fall.</p> <p>The care plan, revised on 05/21/15, indicated the following interventions were added: keep phone in easy reach, abed in low position while in bed, and provide non-skid foot-wear.</p> <p>A Post Fall Investigation, dated 05/23/15 at 4:50 a.m., indicated the resident was found on the floor next to the bed, had rolled or slid out of the bed, no assistive devices were being used, and the resident did not know what she was trying to do. The resident received a skin tear to the right arm, which measured 2 centimeters by 2 centimeters.</p> <p>A Post Fall Investigation, dated 05/23/15 at 10:40 p.m., indicated the resident was found on the floor next to the bed, had no injuries, had rolled or slid out of the bed, no assistive devices were being used, and the resident indicated she was trying to turn over in bed.</p> <p>A Nurses' Progress Note, dated 05/24/15 at 10:41 p.m., indicated a bruise to the left side of the forehead was found from the fall on 05/23/15.</p>			

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F 333 SS=D Bldg. 00	<p>During an interview on 05/26/15 at 4:18 p.m., LPN #1 indicated there was not an alarm on the bed and the resident did not have an order for an alarm on the bed.</p> <p>During an interview on 05/26/15 at 4:38 p.m., the RN Corporate Nurse Consultant indicated the resident had a Physician's Order for an alarm on the bed.</p> <p>During an interview on 05/27/15 at 10:14 a.m., the RN Corporate Nurse Consultant indicated the resident's bed alarm had not been on the resident's bed when the resident fell on 05/20/15 at 6:45 p.m., 05/23/15 at 4:50 a.m., and 05/23/15 at 10:40 a.m.</p> <p>This Federal Tag relates to Complaint IN00171985.</p> <p>3.1-45(a)(2)</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure a resident was free of a significant medication error, related to an order for Coumadin (blood</p>	F 333	F 333 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an	06/26/2015

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	<p>thinner) not being held as ordered by a Physician due to a high PT/INR (prothrombin time and international normalized ratio) (laboratory tests for blood clotting times) , which resulted in the resident's INR levels to increase to a critical level and the PT level to become higher and the resident then required to be treated with two doses of Vitamin K (medication used to clot the blood), for 1 of 3 residents reviewed for unnecessary medications, in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on 05/26/15 at 2:14 p.m. The resident's diagnoses included, but were not limited to atrial fibrillation and congestive heart failure.</p> <p>The Physician's Orders indicated: 04/22/15, Coumadin 2 mg (milligrams) daily 04/27/15, Hold Coumadin 4/28/15 and on 04/29/15 start Coumadin 2.5 mg alternating with 3 mg daily.</p> <p>A PT/INR result, dated 04/29/15, indicated the resident's PT was high at 39.5 (normal 20.2-30.8) and INR was 4.02 (normal 2.00-3.00)</p>		<p>admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>Resident "C" had all medications reviewed for accuracy.</p> <p>All residents have the potential to be affected. All orders have been reviewed for accuracy.</p> <p>All orders are being reviewed during clinical meetings. Orders are being reviewed for accuracy, documentation and appropriate notifications. Any errors are corrected immediately.</p> <p>Audits will be completed on medication records on each unit. These audits will be completed by nursing management. Each unit will have a minimum of 10 records on East and West and 5 on South.</p> <p>These audits will be reviewed by the PI/QI meeting for a minimum of 6 months. Any non-compliance will be reviewed and recommendations for change will be given by the committee.</p> <p>Completion June 26, 2015</p>				

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	<p>A Physician's Order, dated 04/29/15, indicated to hold Coumadin and obtain another PT/INR level on Friday (05/01/15).</p> <p>The record did not indicate the results of the PT/INR completed on 05/01/15 were received by the facility on 05/01/15. There was a PT/INR result, dated 05/04/15, which had the last four PT/INR results listed on the form, which indicated the resident's PT on 05/01/15 was high at 38.1 (normal 20.2-30.8) and the INR was high at 3.87 (normal 2.00-3.00).</p> <p>The MAR (Medication Administration Record), dated 04/15, indicated the Coumadin was not given on 04/27/15, 04/28/15, 04/29/15 (hold was written on the MAR these dates), and 04/30/15 there were no initials to indicate the Coumadin was given.</p> <p>The MAR, dated 05/15, had initials written to indicate the Coumadin 2 mg was given to the resident on 05/01/15, 05/02/15, and 05/03/15.</p> <p>A PT/INR result, dated 05/04/15, indicated a high PT of 60.1 and a critical INR of 6.08.</p> <p>A Physician's Order, dated 05/04/15,</p>			

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	<p>indicated to hold the Coumadin and give Vitamin K 10 mg (medication to help clot the blood) now and then 10 mg more at 5 p.m.</p> <p>A PT/INR result, dated 05/05/15, indicated a high PT at 33.4 and a high INR at 3.40.</p> <p>A Physician's order, dated 05/08/15, indicated to give Coumadin 2 mg daily.</p> <p>A Physician's Progress Note, dated 05/04/15, indicated, "...PT 60.1 and INR 6.08. (INR 3.87 on 05/01 not called) per staff, pt (patient) rec'd (received) Coumadin 2 mg daily for the last 3 days...hold Coumadin..."</p> <p>A Physician's Progress Note, dated 05/08/15, indicated, "...PT 11.4 INR 1.17 Coumadin on hold since 4/28. Resumed 2 mg 5/1-3 in error. Rec'd Vit (vitamin) K x (times) 2. Resume today @ 2 mg daily..."</p> <p>During an interview on 05/26/15 at 4:38 p.m., the RN Corporate Consultant indicated the Coumadin 2 mg was resumed in May due to the MAR was checked with the Physician's Recapitulation Orders and not with the written orders at the end of the month.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155218	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  05/27/2015
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	3.1-48(c)(2)				