

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 10/09/2013
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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 the Investigation of Complaint IN00137480.</p> <p>Complaint IN00137480 Substantiated, no deficiencies related to the allegation are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: October 9, 2013</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 122 Total: 122</p> <p>Census payor type: Medicare: 28 Medicaid: 78 Other: 16 Total: 122</p> <p>Sample: 3</p> <p>Kindred Transitional Care and Rehab-Southwood was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in</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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	<p>regard to the Investigation of Complaint IN00137480.</p> <p>Quality review completed on 10/17/2013 by Brenda Marshall Nunan, RN.</p>				

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F000223 SS=A	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview, and record review, the facility failed to ensure a resident was free from verbal and mental abuse for 1 of 4 sampled residents reviewed for abuse (Resident D).</p> <p>Findings include:</p> <p>Resident D indicated during interview, on 10/09/13 at 4:40 p.m., CNA #1 "picked on her." Resident D indicated CNA #1 made fun of her and took off her gloves and threw them. Resident D indicated CNA #1 responded to a request to repeat spoken words by stating, "You could hear if you would turn your freakin' TV down." Resident D indicated CNA #1 hit the TV and turned it down. Resident D indicated this happened twice.</p> <p>Interview with the Administrator, on 10/09/13 at 5:45 p.m., indicated the facility interviewed 9 other residents on the 500 hall where CNA #1 worked</p>	F000223	<p>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. Individuals are not hired when a history of abuse in knows. Retribution against patients, staff or visitors who file reports of abuse is strictly prohibited. Patients have the right to be free of 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. Prohibitions on abuse apply to: Center Staff;</p>	10/21/2013	

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	<p>and indicated no other residents had concerns in regard to mistreatment by CNA #1. The Administrator indicated all staff during that shift were inserviced on customer service and professionalism and abuse.</p> <p>Review of the reportable incidents to the Indiana State Department of Health, on 10/09/13 at 3:30 p.m., indicated an incident report with date of incident, 09/20/13 at 8:30 p.m., with Resident D involved. The incident report indicated Resident D was alert and oriented, had diagnoses, which included, but were not limited to, chronic obstructive pulmonary disease, acute renal failure, anxiety, and depressive disorder. The report indicated, "Family (daughter-n-law) reported that CNA was unprofessional and rude when caring for the resident _____(name of resident). CNA went into room in answer to the call light resident told CNA she needed some cream on her bottom in the process of rolling resident to her side the resident started to cry out saying you are hurting my leg the CNA states she at the time could not hear what the resident was saying and asked her what she (the resident) said (sic). The CNA said that the resident starting shaking her hands at her at</p>		<p>Other patients; Consultants; Volunteers; Staff of other agencies; family members; Legal guardians; Friends; Other individuals that may be visiting of serving the patient. The center staff must report 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. Patients and families are provided information at admission about how and to whom to report concerns, incidences, and complaints/concerns. The center implements procedures that include Screening; Training; Prevention; Identification; Investigation; Protection and Reporting/response. Staff receive orientation and on-going annual training in regards to all aspects of abuse. All abuse allegations are monitored monthly at Facility Performance Improvement Committee. Administrator/designee is responsible to ensure continued compliance.</p>		

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	<p>this time the CNA step (sic) back and imitated what the resident was doing the CNA stated I knew at that time I had done wrong, I left the room, went to the nurses (sic) station, and waited for the nurse to come and clock me out (sic). The family member followed the CNA out of the room and told the nurse what had happened (sic) the nurse clocked out the CNA and notified ED (Executive Director) and DNS (Director of Nursing Services)."</p> <p>Review of facility hours worked by CNA #1 indicated CNA #1 was clocked out at 8:34 p.m., immediately after the interview with Resident D's daughter, and did not return to work following the investigation.</p> <p>Review of the facility's investigation with date of completion of 09/26/13, indicated the facility had thoroughly investigated the incident by conducting interviews with CNA #1, Resident D, Resident D's family member who witnessed the incident, staff involved, and other interviewable residents on the hall and concluded CNA #1 failed to follow the company standards to be professional and failed to provide customer service at all times. CNA #1 was terminated. Staff were inserviced on customer</p>						

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	<p>service, professionalism, and abuse.</p> <p>Review of the "Rapid Inservice", dated 09/28/13, indicated, "All pt (patients) are to be treated with dignity and respect. ...Act professional and kind when speaking with families and visitors. Listen to the resident before you respond...."</p> <p>Review of the facility's policy entitled, "Abuse", dated 10/26/11, indicated, "Policy 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)...."</p> <p>3.1-27(a)(1)</p>			