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 07/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	7301 E 16TH ST INDIANAPOLIS, IN 46219

(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
F000000	This visit was for the Investigation of Complaint IN00151151. Complaint IN00151151 - Unsubstantiated due to lack evidence. Unrelated deficiency is cited. Survey Dates: July 7 & 8, 2014 Facility number: 000272 Provider number: 155334 AIM number: 100267520 Survey Team: Beth Walsh, RN-TC Tom Stauss, RN Census bed type: SNF/NF: 148 Total: 148 Census payor type: Medicare: 26 Medicaid: 101 Other: 21 Total: 148 Sample: 3 This deficiency reflects state findings cited in accordance with 410 IAC	F000000		

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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	16.2-3.1. Quality review completed on July 09, 2014; by Kimberly Perigo, RN.			
F000157 SS=D	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). 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			

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	§483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on interview and record review, the facility failed to notify a resident's POA (Power of Attorney) of roommate changes as indicated by facility policy for 1 of 1 residents reviewed for notification of changes. (Resident #A) Findings include: The clinical record for Resident #A was reviewed 7/7/14 at 11:25 a.m. The diagnoses for Resident #A included, but were not limited to, vascular dementia, late effect cerebrovascular disease, and unspecified hemiplegia. A review of a clinical record document, General Power of Attorney dated 1/2/14, indicated Family Member #1 was Resident #A's POA. During an interview with Family Member #1, on 7/7/14 at 1:30 p.m., she indicated she had never been notified of any roommate changes for Resident #A. Resident #100 resided with Resident #A	F000157	The facility requests tha this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.The facility would further request that a desk review be completed for this surveyResident and legal representative or family member if known will be notified of roommate change and this will be documented in the residents medical record.All residents who have a change in roommate has the potential to be affected.New admissions and room changes are discussed in morning meeting prior to room change or new admission. If Social Services is not available to inform the resident or if change is to be made after morning meeting nursing staff, admissions coordinator or designee will inform the resident,family and /or	07/14/2014

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	from 5/31/14 to 6/30/14, according to Resident #100's clinical record. Resident #100 was discharged from the facility on 6/30/14. Resident #102 was observed residing in the same room as Resident #A, on 7/7/14 at 11:10 a.m. No documentation regarding a notification of a new roommate was noted in the clinical record for Resident #A, for the roommate change of Resident #100 to Resident #102. This information was requested at 2:02 p.m. on 7/7/14, from the Director of Nursing (DoN) and Administrator. The DoN indicated, on 7/7/14 at 2:20 p.m., Resident #102 just moved his belongings into Resident #A's room the previous day (7/6/14). The DoN further indicated, Resident #102's move into Resident #A's room was not a scheduled move and the POA notification, for Resident #A, was on the list of the things to do for the nurse that day (7/7/14). On 7/8/14 at 9:40 a.m., the Administrator indicated the facility was unable to locate any documentation regarding notification of a new roommate for Resident #A, when Resident #100 moved into Resident #A's room. The Administrator further		legal representative of change and will document this notification in the residents medical record. This will be reviewed in the following morning meeting to assure process was followed.Social Service Director, Director of Nursing, Unit Managers and Admission Coordinator have been re-educated on the requirement of notifying resident and if known residents family and/or legal representative of change of roommates. The ED/designee will audit room changes and new admissions in morning meeting and it will be verified that residents were informed if they were getting a new roomate, that family or legal representative if known was notified and that notification was documented in medical record. 40 Resident and family interviews will be completed quarterly to identify any concerns with notification as it relates to room changes and/or new roommates. All findings will be reviewed in monthly PI for 3 months and the PI commitee will determine when 100% compliance is achieved. Completion Date 7/14/2014	

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	indicated Resident #100 was a new admit and sometimes the facility doesn't always have time to notify the Resident/POA that they will be getting a new roommate. The Administrator indicated the notification of a new roommate was typically the responsibility of Social Services. At 10:00 a.m. on 7/8/14, the DoN indicated it was the policy of the facility to always notify a Resident/POA, of a roommate change, whether the new roommate was a new admit or not. The DoN further indicated the notification was typically the responsibility of Social Services, but if Social Services was unavailable, then the notification was the responsibility of the the nurse. 3.1-5(b)(1)			