

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 03/11/2016
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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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00192029, IN00193642, and IN00193667.</p> <p>Complaint IN00192029- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00193642- Substantiated. Federal/State deficiency related to the allegations is cited at F282.</p> <p>Complaint IN00193667- Substantiated. Federal/State deficiencies related to the allegations are cited at F166 and F282.</p> <p>Survey dates: March 9, 10, & 11, 2016</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census bed type: SNF/NF: 107 Total: 107</p> <p>Census payor type: Medicare: 27 Medicaid: 61 Other: 19</p>	F 0000	<p>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 for paper compliance.</p>	
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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 0166 SS=D Bldg. 00	<p>Total: 107</p> <p>Sample: 11</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 32883 on 3/14/16.</p> <p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. Based on observation, record review, and interview, the facility failed to ensure interventions initiated to resolve a grievance were in place related to completing the check-in sheet for rounds for 1 of 3 grievances related to Activities of Daily Living reviewed. (Resident #E)</p> <p>Finding includes:</p> <p>On 3/10/16 at 10:45 a.m., Resident #E was observed in bed. Resident #E's son was present in the room. The Unit Manager indicated she was going to complete a skin assessment. The son</p>	F 0166	<p>1.Nurse manager will check for completion of resident round tool three days per week. Resident's facility assigned Angel will interview resident E two times weekly related to satisfaction of care.</p> <p>2.ED/designee will review all grievances from the past sixty days to ensure follow up is documented with corrections made if needed</p> <p>3.Educate all staff on policy/procedure related to grievance follow up. Grievances will be reviewed in the department head meeting</p> <p>4.Grievance log will be reviewed weekly by the Executive</p>	04/06/2016

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	<p>walked out of the room at this time. The Unit Manager completed a skin check and exited the room. The resident's son was in the hallway and indicated he wanted to speak about a concern related to his mother's care. The son requested the Unit Manager be present also. The resident's son indicated he called his mother last night on the phone and the resident stated she was soiled in feces and needed to be changed and no one came for 45 minutes. The son indicated this had happened in the past also.</p> <p>The record for Resident #E was reviewed on 3/9/16 at 8:15 p.m. The resident's diagnoses included, but were not limited to, heart failure, depressive disorder, and high blood pressure.</p> <p>Review of the 2/4/16 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment indicated the resident required extensive assistance of staff for bed mobility, transfers, dressing, personal hygiene, and bathing. The assessment indicated the resident was frequently incontinent of bowel and occasionally incontinent of urine.</p>		Director for completion of follow-up documentation. Results of these reviews will be brought to the facility performance improvement committee monthly for six months.	

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	<p>A Care Plan initiated on 12/28/15 indicated the resident was incontinent of bowel and bladder. Care Plan interventions included, but were not limited to, check the resident for incontinence every two hours and as needed.</p> <p>The CNA resident care sheets were reviewed. CNA #1 provided the sheets and indicated the care sheet was current. The care sheet indicated staff were to complete the Sign- In sheet every time the resident was helped.</p> <p>The facility Complainants/Grievances forms were reviewed. A form initiated on 2/15/16 indicated Resident #E's son voiced a grievance related to staff not answering Resident #E's call light for (4) hours. The resident laid covered in feces for (4) hours. The Grievance Form was forwarded to the Nursing Department on 2/16/16. The response was for a sign off sheet to be started for staff to sign off on scheduled rounds.</p> <p>When interviewed on 3/10/16 at 11:40 a.m., the Unit Manager indicated the sign in sheets for staff to sign when rounds were made were kept in the resident's room. The Unit Manager provided Resident Round sheets. The sheets were</p>			

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	<p>incomplete or not completed for the following dates/times:</p> <p>2/16/16 - 1:00 p.m. through 10:00 p.m. 2/17/16- 6:00 a.m. through 10:00 p.m. 2/18/16- all shifts 2/19/16 - 6:00 a.m. through 9:00 p.m. 2/21/16- no sheets completed 2/22/16 - 6:00 a.m. through 9:00 p.m. 2/23/16- 12:00 a.m. through 1:00 p.m. and 4:00 p.m. through 9:00 p.m. 2/24/16 - 3:00 p.m. through 11:00 p.m. 2/25/16 -12:00 a.m. through 6:00 a.m. 2/25/16 - 4:00 p.m. through 11:00 p.m. 2/26/16- no sheets completed 2/28/16- no sheets completed 3/01/16- no sheets completed 3/02/16- no sheets completed 3/03/16- no sheets completed 3/04/16- 5: 00 a.m. through 9:00 a.m. 3/05/16 & 3/06/16 - no sheets completed. 3/07/16- 12:00 a.m. through 7:00 a.m. and 6:00 p.m. through 11:00 p.m. 3/08/16- no sheets completed.</p> <p>When interviewed on 3/10/16 at 2:30 p.m., Social Service staff indicated Resident #E's son voiced a grievance related to no one answering his mother's call light for (4) hours and the resident was left in feces for that time. The Social Service staff indicated a round sign off sheet was started on 2/16/16.</p> <p>The facility Complaint and Grievance</p>			

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F 0282 SS=D Bldg. 00	<p>Policy was reviewed on 3/9/16 at 7:00 p.m. the policy was dated 10/3/11. The facility Administrator provided the policy and indicated the policy was current. The policy indicated grievances were to be documented and recorded. The grievances were assigned to the appropriate Department Head to validate and investigate the grievance. The policy also indicated on-going follow up was to be maintained.</p> <p>This Federal tag relates to Complaint IN00193667.</p> <p>3.1-7(a)(1)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident's plan of care was followed related to the completion of treatments as ordered for 1 of 3 residents reviewed for</p>	F 0282	<p>1.All care plans were reviewed and will routinely with be updated with new orders and care plan meetings</p> <p>1.Resident (E) physician was notified and plan of care altered</p>	04/06/2016

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	<p>skin care treatments in a sample of 11. The facility also failed to ensure external urinary catheters were monitored per facility protocol for 1 of 3 residents reviewed for urinary catheters in a sample of 11. (Residents #C and #E)</p> <p>Findings include:</p> <p>1. The closed record for Resident #C was reviewed on 3/10/16 at 9:20 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, hematuria (blood in the urine), and epilepsy.</p> <p>A Physician's order was written on 2/11/16 for the resident to have a Texas (external urinary) catheter. No further orders related to the external catheter were noted.</p> <p>Review of the 2/12/16 Admission Care Plans indicated the resident had a external urinary catheter. Care plan interventions included, but were not limited to, change the catheter as ordered and monitor and document any pain.</p> <p>The 2/2016 Treatment Administration Records were reviewed. There were no treatments related to assessing, changing, or monitoring the external catheter.</p>		<p>2. Resident (C) has been discharged from the facility no correction can be initiated</p> <p>2. All residents with treatment care needs have the potential to be affected. All treatment records will be reviewed and all omissions will be reported to NP/Physician.</p> <p>3. All licensed nurses will be educated on following resident care plans as well as being educated on the policy on following treatment plan of care.</p> <p>4. DNS/designee will monitor Treatment Administration Record for treatment plans of care being completed three times per week. Care plans will be reviewed for following physicians orders through the RAI process. DNS/designee will bring audit tool results to the facility performance improvement committee monthly for six months.</p>				

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	<p>The 2/2016 Nursing Progress Notes were reviewed. An entry made on 2/12/16 at 3:59 p.m. indicated the resident wore a Texas (external) catheter.</p> <p>When interviewed on 3/11/16 at 10:00 a.m., the facility Administrator indicated there was no ongoing monitoring of the external catheter. An entry made on 2/14/16 at 1:30 p.m. indicated the resident's catheter was draining orange colored urine. No further entries related to any assessment of the catheter were noted in the Nursing Progress Notes.</p> <p>The policy titled "External Catheter" was reviewed on 3/11/16 at 8:36 a.m. The policy was dated 4/28/11. The facility Administrator provided the policy and indicated the policy was current. The policy indicated the catheter was to be monitored at least every (8) hours.</p> <p>2. On 3/10/16 at 10:45 a.m., Resident #E was observed in bed. The Unit Manager assessed the resident's skin under her breasts and abdominal folds. The skin under both breasts was darkened, dry, and flaky. The skin under her abdominal folds was dry and flaky. There were no open areas. The resident indicated the area under her left breast "itched."</p> <p>The record for Resident #E was reviewed</p>			

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	<p>on 3/9/16 at 8:15 p.m. The resident's diagnoses included, but were not limited to, heart failure, depressive disorder, and high blood pressure.</p> <p>A Patient Nursing Evaluation form was completed upon the resident's admission on 12/24/15. The form indicated redness was present under the resident's breasts and abdominal folds.</p> <p>A Physician's order was written on 12/26/15 for Nystop (a medication to treat fungal skin conditions) 100,000 units/Gram powder under the breasts and abdominal folds two times a day.</p> <p>Review of the 12/2015 Medication Administration Records indicated the Nystop powder was being administered twice a day as ordered.</p> <p>A Physician's order was written on 1/14/16 for Nystop powder 100,00 unit/Gram powder to be applied to the affected skin folds every shift.</p> <p>Review of the 1/2016 Medication Administration Records indicated the Nystop powder continued to be signed off only twice a day 1/1/16 through 1/31/16.</p> <p>When interviewed on 3/11/16 at 9:00</p>			

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	<p>a.m., the facility Administrator indicated the Nystop powder should have been administered three times daily after 1/14/16 thru 1/31/16 as ordered by the Physician.</p> <p>This Federal tag relates to Complaints IN00193642 and IN00193667</p> <p>3.1-35(g)2</p>				