

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  01/09/2015
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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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F000000	<p>This visit was for the Investigation of Complaint IN00161875.</p> <p>Complaint IN00161875- Substantiated. No deficiencies related to the allegations are cited</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: January 8 &amp; 9, 2015</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Survey team: Regina Sanders RN, TC</p> <p>Census bed type: SNF/NF: 115 Total: 115</p> <p>Census payor type: Medicare: 32 Medicaid: 64 Other: 19 Total: 115</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</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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F000226 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on January 13, 2015, by Janelyn Kulik, RN.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 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 the facility's abuse policy was followed, related to not immediately reporting an allegation of abuse to the Administrator of the facility, for 1 of 2 residents reviewed for abuse allegations. (Resident #D)</p> <p>Findings include:</p>	F000226	F226 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 the one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	02/01/2015			

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	<p>Resident #D's record was reviewed on 01/08/15 at 1:45 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure and hypertension.</p> <p>The Quarterly Minimum Data Set Assessment, dated 01/02/15, indicated the resident's cognition was intact.</p> <p>A Nurses' Note, dated 01/07/15 at 10:10 p.m., indicated, "...Res (Resident) called son to complain that staff was mean to her and did not like her. She told son that staff was refusing to give her water and meds (medications)..."</p> <p>During an interview on 01/08/15 at 2:25 p.m., the Administrator indicated she was unaware of the allegation of abuse. The Administrator indicated the nurse should have called her.</p> <p>During an interview on 01/09/15 at 10:08 a.m., Resident #D indicated the staff treat her with respect and no one has abused her. She indicted she had a staff member yell at her and was mean to her the night before. She indicated she just reported it to Social Service and the facility was taking care of her concern.</p> <p>A facility policy, dated 05/15/03, titled,</p>		<p>It is the policy of this facility to notify the executive director of any allegations and to make a report to the state agency regarding this allegation. Upon notification Resident D was immediately interviewed by social services and administration. The son was notified regarding the immediate initiation of our protocol. Interventions were implemented regarding care givers.</p> <p>Because all residents are potentially affected by the cited deficiency, on 01/13/15, the executive director and staff development coordinator educated all staff on the abuse policy, and reporting of abuse allegations. The Administrator will request the assistance of the Director of Nursing, Social Worker or their designees to assist with investigation of alleged abuse of residents. No other residents were affected.</p> <p>To enhance currently compliant operations and under the direction of the executive director and director of nurses, on 01/09/15 staff received in-service training regarding facility abuse policy and procedure to include timely notification and has been included in the orientation of new personnel. The performance improvement committee will review any investigation for completeness and</p>	

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	"Abuse", received from the Administrator as current, indicated, "...All alleged violations involving mistreatment, neglect, or abuse...are reported immediately to the administrator (sic) of the facility..."  3.1-28(a)		make recommendations as necessary to improve the process. This will then be reviewed monthly by the performance improvement committee.  A Performance Improvement Audit was implemented 01/15/14 under the supervision of the executive director and director of nurses to monitor residents with abuse allegations. The director of nurses or designee will perform the following systematic changes: bi-weekly audits for residents with abuse allegations. Any deficiencies will be corrected on the spot, and the findings of the performance improvement audits will be documented and submitted at the monthly performance improvement committee meeting for further review or corrective action.  Completion Date: 02/01/15  February 1, 2015 This facility requests a desk review for paper compliance for this citation.		