

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155265	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/30/2015
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-WEDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 25, 26, 27, 28, 29, and 30, 2015</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census bed type: SNF: 8 SNF/NF: 94 Total: 102</p> <p>Census payor type: Medicare: 10 Medicaid: 64 Other: 28 Total: 102</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on November 6, 2015.</p>	F 0000	Please accept this plan of correction as the center's credible allegation of compliance. Preparation and/or executions 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. ****Please note**** this facility respectfully requests paper compliance review for this survey.	
F 0431	483.60(b), (d), (e)			

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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SS=E Bldg. 00	<p><b>DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b></p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure individual unidentified medication tabs/capsules were secured in the</p>	F 0431	F 431 1.All residents receiving insulin had evaluation of glucose levels without findings of concerns related to the storage of insulin. Expired insulin was immediately	11/25/2015			

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	<p>medication container, medications were labeled properly, expired medications were disposed of timely, and medications were stored following the manufacturer, pharmacy, or supplier recommendations. This deficient practice affected 5 residents on 4 of 7 medication carts. (100 Hall, 200 Hall, 300 Hall, and 400 Hall medication carts; Residents #5, #17, #37, #55 and #78)</p> <p>Findings include:</p> <p>During the medication storage observation of the 400 Hall medication cart, with RN (Registered Nurse) #1 on 10/27/15 at 11:19 a.m., the following was observed:</p> <p>1. Three (3) unopened Lantus Solostar Insulins at room temperature. The Insulin labels indicated these medications were for Residents #5, #37, and #55. The medication label indicated to refrigerate medication until opening.</p> <p>During the medication storage observation of the 200 Hall medication cart, with RN #1 on 10/27/15 at 11:30 a.m., the following was observed:</p> <p>2. Lantus Insulin Pen, with an open date of 9/22/15. The medication label indicated this medication was for</p>		<p>replaced and dates were verified on all insulin. Medication cart audits were done to determine if all medications were available .</p> <p>2.All residents have the potential to be affected.Evaluation of all diabetic residents revealed no changes in glucose levels related to storage of insulin. Evaluation of the medication carts revealed that no resident missed medication due to loose pills in cart.</p> <p>3.DNS/Designee will in-service all Licensed staff on medication storage by Wednesday November 18, 2015 with a written knowledge validation test to follow.</p> <p>4.DNS/Designee will perform medication cart audits for compliance five times weekly for 30 days than three times weekly for 30 days followed by twice weekly for 30 days, then monthly as an ongoing practice. All findings will be acted upon immediately and audit results reviewed in the monthly PI meeting .</p>	

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	<p>Resident #17. The MAR (Medication Administration Record) for Resident #17 indicated the resident had last received Lantus Insulin, 20 units, on 10/27/15 at 9:00 p.m.</p> <p>During the medication storage observation of the 300 Hall medication cart, with LPN (Licensed Practical Nurse) #3 on 10/27/15 at 11:30 a.m., the following was observed:</p> <p>3. A total of thirteen (13) loose pills were observed in the bottom of the medication cart drawers.</p> <p>4. In the bottom drawer of the medication cart was a container of Nutren 2.0 cal (calorie) 250 ml (milliliters) [nutrition supplement]. The supplement did not have a label/resident identifier. Also in the bottom drawer was a container of sanitation cloth cleaner wipes.</p> <p>During the medication storage observation of the 100 Hall medication cart, with Licensed Practical Nurse #4 (LPN) on 10/27/15 at 11:57 a.m., the following was observed:</p> <p>5. A total of eleven (11) loose pills were observed in the bottom of the medication cart drawers.</p>			

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	<p>6. Novolog Insulin, with an open date of 9/21/15. The medication label indicated this medication was for Resident #78. The MAR for Resident #78 indicated the resident had last received Novolog Insulin, 4 units, on 10/26/15 at 4:30 p.m.</p> <p>During an interview on 10/30/2015 at 9:34 a.m., with the Director of Nursing (DON), she confirmed all above issues. The DON indicated the pharmacist makes monthly checks on the medications carts and the nurses working the floor should check them as needed. The DON indicated all medications in the carts should be labeled with resident identifiers. The DON indicated expired medications should not be in the cart. The DON indicated insulin expires 28-32 days after the open date. The DON indicated cleaning supplies should not be stored in the same location as medications or supplements. The DON indicated the medications should be stored and dated per manufacturer, pharmacy, or supplier recommendations.</p> <p>A policy, dated January 1, 2013 and titled, "5.3: Storage and Expiration of Medications, Biological's, Syringes, and Needles", was provided by the Administrator on 10/28/2015 at 11:33 a.m. and was identified as current. The</p>			

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	<p>policy indicated, "...medications requiring 'refrigeration' or temperatures between 36 degrees Fahrenheit and 46 degrees Fahrenheit are kept in a refrigerator. ...Outdated medications will be immediately withdrawn from the stock, and disposed of properly. ...Medications should be stored in an orderly fashion. ...Facility should ensure that test reagents, germicides, disinfectants, and other household substances are stored separately from medications."</p> <p>3.1-25(j) 3.1-25(k) 3.1-25(l) 3.1-25(m) 3.1-25(o)</p>			

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F 0441 SS=E Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>			

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	<p>Based on observation, interview and record review, the facility failed to ensure infection control practices and standards were maintained related to hand washing during 4 of 5 observations of resident care. (Resident's #17, #23, #52, and #82)</p> <p>Findings include:</p> <p>During an observation of urinary catheter care for Resident #17 on 10/28/15 at 10:42 a.m., LPN (Licensed Practical Nurse) #1 washed her hands for 5 seconds prior to performing catheter care. After providing care, LPN #1 washed her hands for 5 seconds, then exited the resident's room.</p> <p>Perineal care was observed for Resident #82 on 10/28/15 at 11:20 a.m., with CNA (Certified Nursing Assistant) #1 and CNA #2. Upon entering the room, CNA #1 washed her hands for 15 seconds and CNA #2 washed her hands for 10 seconds. After providing care and prior to exiting the room, CNA #1 washed her hands for 15 seconds and CNA #2 washed her hands for 5 seconds.</p> <p>During an observation of a pressure ulcer treatment for Resident #23 on 10/29/15 at 9:07 a.m., LPN #1 washed her hands for 11 seconds prior to performing care. After LPN #1 removed the soiled</p>	F 0441	<p>F441</p> <p>1. Residents#17, 23, 52 and 82 were assessed and found to have no signs of a newly acquired infectious process. LPN#1 and CNA #1 and#2 completed 1:1 education on hand washing with competency check off byDNS/Designee.</p> <p>2.All residents have the potential to be affected. Facility infection control surveillance and infection screenings have found no residents to be presenting with signs or symptoms of newly acquired infectious processes related to these causal factors.</p> <p>3.DNS or designee will in-service nursing staff on hand washing by Wednesday November 18, 2015. Nursing staff will complete competency check-offs on hand washing by Wednesday November 25, 2015.</p> <p>4.The Director of Nursing or designee will observe hand washing 5 times per week for 30 days, then 3 times a week for 30 days,then twice weekly for 30 days then monthly as an ongoing practice. All findings will be addressed immediately for correction. Competency observation results will be reviewed in monthly PI meeting .</p>	11/25/2015			

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	<p>bandage, she washed her hands for 3 seconds. After providing care, LPN #1 washed her hands for 7 seconds, then exited the resident's room.</p> <p>During an observation of a pressure ulcer treatment for Resident #52 on 10/29/15 at 9:20 a.m., LPN #1 washed her hands for 10 seconds prior to performing care. LPN #1 washed her hands for 14 seconds during the treatment. After providing care, LPN #1 washed her hands for 10 seconds, then exited the resident's room.</p> <p>During an interview with the Infection Control Nurse on 10/29/15 at 10:48 a.m., she indicated handwashing should be performed for a minimum of 20 seconds.</p> <p>During an interview with LPN #1 on 10/29/15 at 1:50 p.m., she indicated hands should be washed for a minimum of 20 seconds.</p> <p>During an interview with the Director of Nursing on 10/30/15 at 9:30 a.m., she indicated hands should be washed for a minimum of 20 seconds.</p> <p>The Director of Nursing provided a copy of the current policy/procedure titled, "Hand Hygiene/Handwashing", on 10/29/15 at 2:41 p.m. This document included, but was not limited to, the</p>			

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

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	following: "... 2. Use vigorous friction for 20 seconds...."  3.1-18(1)				