

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155664	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB- EAGLE CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 SHORE DR INDIANAPOLIS, IN 46254
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 4, 6, 7, 10, 11, & 12, 2014</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Survey team: Lora Brettnacher, RN, TC Connie Landman, RN Teresa Buske, RN (February 6, 7, 10, 11, & 12, 2014)</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 39 Medicaid: 44 Other: 20 Total: 103</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Ms. Kim Rhoades Indiana State Department of Health Long Term Care Division 2 North Meridian Street, Section 4B Indianapolis, Indiana 46204 February 20, 2014 RE: Survey Event ID: UWTF11 Dear Ms. Rhoades: Attached you will find the completed Plan of Correction and attachments for our Recertification and State Licensure Survey dated February 12, 2014. We request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (317)347-9051. Sincerely, Sheila Bieker HFA Executive Director</p>	

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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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review, observation, and interview, the facility failed to ensure residents received the necessary services to maintain personal hygiene for 2 of 40 residents reviewed for bathing and personal hygiene (Resident #272 & Resident #69).</p> <p>Findings include:</p> <p>1. Resident #272's record was reviewed on 2/10/2014 at 10:30 A.M. Resident #272 had diagnoses which included, but were not limited to, end stage renal disease, insulin dependent diabetes, lower limb amputation, anxiety, and anemia.</p> <p>During an observation on 2/6/2014 at 9:48 A.M., Resident #272's fingernails were observed to be long with a brown substance under the nail beds.</p> <p>An Admission Minimum Data Assessment Tool [MDS] dated 1/22/14, indicated Resident #272</p>	F000312	<p>1. Resident #272 was interviewed and stated she would prefer her showers on Tuesday and Saturday evenings. Resident #69 was interviewed and her shower preference was stated to be three times a week on Tuesday, Thursday and Friday evenings. 2. All residents have the potential to be affected. All residents have been interviewed regarding their bathing preferences. Any resident documented as refusing their bath or shower will be interviewed to determine the reason the resident is refusing their shower / bath. Those residents who refuse their shower / bath will sign the shower sheet in addition with the Nurse and the C.N.A. The Nurse or the C.N.A. will write on the shower sheet the reason why the resident refused shower in order to determine the root cause of the refusal to determine if the resident would like an alternate shower time or day to accommodate their preferences. 3. Nursing staff are being in-serviced on ensuring showers are given at preferred times, preferred days, and that proper documentation of</p>	02/21/2014			

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	<p>was cognitively intact with a Brief Mini Mental Status Score [BIMS] of 15 out of 15, required physical extensive assistance of one staff for bathing and personal hygiene, and it was very important for her to choose her type of bath.</p> <p>An assessment document of Resident #272's preferences, dated 1/22/14, indicated Resident #272 indicated to the facility her preference for bathing was showers and it didn't matter if she received them in the morning or evening.</p> <p>During an interview on 2/6/2014 at 9:48 A.M., Resident #272 indicated she would like for someone to assist her with cleaning and polishing her nails. Resident #272 indicated she had been at the facility for almost a month and had not received a shower. She indicated staff has offered but she had refused because it was offered on the days she went to dialysis. She indicated she preferred to take showers on the days she didn't have dialysis. Resident #272 stated, "They don't work around my dialysis.</p> <p>During an interview on 2/11/14 at 11:16 A.M., CNA #1 [Certified Nursing Assistant] stated,</p>		<p>showers will be charted. Nursing employees will be inserviced before they begin their next scheduled shift until everone is inserviced. Legend was placed in the front of the ADL binders on each unit to ensure consistent documentation of bathing / shower process for Nursing staff. Legend includes staff documenting S for shower, B for bath, PB for partial bath and R for refusal of bath / shower. Starting March 2014 and forward, C.N.A. flow sheets will have above legend printed on them to ensure consistent charting for all shifts. Nurses have been inserviced to write down which residents on their assignment have showers due during their scheduled shift and to validate with C.N.A. and resident that shower was completed during their shift, and shower sheet was turned in and signed. Unit Managers, DON or designee are to monitor Nurses and C.N.A.'s 5 times a week for one month, then 3 times a week for a month, then 2 times a week for a month, then weekly for 3 months utilizing audit tool. 4. Upon admission or readmission the nurse completing the nursing assessment will interview the resident or family for bathing preferences as part of the initial nursing assessment. The Nursing Managers will follow up with any resident admitted to the facility within 72 hours to validate bathing preferences and</p>				

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	<p>"Yesterday was her shower day but she was at dialysis." CNA #1 was queried regarding what happened when Resident #272 was not available for showers on her scheduled shower days. CNA #1 stated, "She gets a bed bath but does her own bed bath."</p> <p>During an interview on 2/11/14 at 12:00 P.M., Unit Manger RN #1 [Registered Nurse] indicated Resident #272 was scheduled for two showers a week and she was not aware Resident #272 had not been given showers. During this interview, RN #1 was asked to provide documentation which indicated Resident #272 had been provided a shower in January and/or February 2014.</p> <p>During an interview on 2/11/2014 at 12:15 P.M., the Director of Nursing [DON] was asked to provide documentation which indicated Resident #272 had been provided a shower in January and/or February 2014.</p> <p>During an interview on 2/11/2014 at 1:26 P.M., the DON indicated the facility was unable to provide documentation Resident #272 had been provided a shower in January</p>		<p>coordinate plan of care with the resident's preferences. This will be monitored 5 times a week for one month, then 3 times a week for a month, then 2 times a week for a month, then weekly for 3 months utilizing audit tool. The IDT will interview residents regarding their bathing preferences during the quarterly and annual care plan meeting. The IDT will complete 40 resident and family interviews quarterly to include resident's choices regarding bathing preferences. All findings from these interviews will be reviewed in monthly PI and the PI committee will determine when 100% compliance is obtained or if further monitoring will be implemented.</p>	

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	<p>and/or February 2014. She indicated she expected residents to be offered their preferred form of bathing and if they refused CNAs were expected to inform the nurse so the nurse could assess the reason for the refusal and accommodations could be made.</p> <p>2. During an interview on 2/6/2014 at 9:07 A.M., Resident #69 indicated she wanted three showers a week and she wasn't "even getting two." Resident #69 indicated she had informed the Administrator. Resident #69 stated, "She wrote it down but I haven't heard anything. It's been a couple of weeks."</p> <p>Resident #69's record was reviewed on 2/11/14 at 11:51 A.M. Resident #69 had diagnoses which included, but were not limited to, depression, chronic airway obstruction, and bipolar disorder.</p> <p>An Admission Minimum Data Assessment Tool [MDS] dated 12/17/13, indicated Resident #69 was cognitively intact with a Brief Mini Mental Status [BIMS] score of 14 out of 15, it was very important for her to choose between a tub bath, shower, bed bath, or sponge bath, and she required physical</p>						

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	<p>assistance of one person for part of her bathing activity.</p> <p>A document titled "Resident Information C.N.A. Assignments" dated 2/11/14, indicated Resident #69 preferred three showers a week Resident #69's shower records dated January 2014 and February 2014, indicated Resident #69 was given five showers in January 2014, and one shower from February 1 through February 11, 2014.</p> <p>During an interview on 2/11/2014 at 1:20 P.M., The Administrator indicated she had spoken with Resident #69 and had her plan of care changed so staff were aware of her shower preference. The Administrator indicated she expected staff to provide Resident #69 three showers a week.</p> <p>3.1-38(a)(3)(E) 3.1-38(b)(2)</p>				

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review, and interview, the facility failed to ensure dishwasher temperatures were maintained at safe levels and left-over and opened foods were discarded timely during 2 of 3 kitchen observations. This practice had the potential to affect 98 of 98 residents.</p> <p>Findings include:</p> <p>During the initial observation of the kitchen on 2/4/14 at 10:30 A.M., the breakfast dishes were being washed by Dietary Aides (DA) #2 and #3. DA #3 was observed manually rinsing and scrubbing the dishes before putting them in the dishwashing rack. A rack of dirty plates were ran through the dishwasher, and the temperature remained at 60 degrees on the wash cycle and 140 degrees on the rinse cycle.</p> <p>DA #3 indicated at that time the water was "cold" and had been for</p>	F000371	<p>1. All residents receiving a PO diet had the potential to be affected. When the dish machine did not reach proper temperature the machine was stopped and the supervisor, the ED and the maintenance supervisor were notified immediately. DEEM was called and came to the facility to validate the operation of the water heater. Hobart and Ecolab were called and came to the facility to validate the operation of the dish machine. Disposable products were used until the dish machine was repaired and tested to confirm that water temperatures are within required ranges. All dishes were rewashed after dish machine was repaired and tested to confirm that water temperatures are within required ranges. All unlabeled and undated drinks and expired items in the walk in cooler were immediately discarded.2. T-sticks are implemented to validate the safe water temperature has been reached. All residents receiving a PO diet had an Acute Symptom Illness screen completed to identify any resident that may be affected. An</p>	02/21/2014

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	<p>about 30 minutes.</p> <p>DA #2 was observed, at the same time, examining the dishes as they had completed the dishwashing process, and returning soiled dishes to DA #3 for additional scrubbing. DA #2 indicated the water had been hot earlier, but it stopped working "all the time." At this time, Dietary Manager (DM) #1 came to the area, and indicated she had not been informed the hot water was not working.</p> <p>During a kitchen observation on 2/4/14 at 11:15 A.M., DA #3 and DM #1 were putting dishes through the dishwasher again. The temperatures were observed to remain at 60 degrees and 140 degrees through the cycle.</p> <p>The temperature logs for January and February 2014, were provided by DA #2 on 2/4/14 at 11:15 A.M. The logs indicated "Good washing and sanitizing demands correct temperatures" and "If temperature is unacceptable, circle temperature and get help to solve problem!" The logs indicated appropriate temperatures during the wash cycle were "160" and during the rinse cycle "180." The logs indicated from</p>		<p>audit of the walk in cooler has been completed for proper labeling and discarding of opened and expired items.3. The Dietary employees were immediately in-serviced on proper procedures and temperatures of the dish machine including: minimum wash temperatures, minimum rinse temperatures, to stop washing dishes immediately and whom to contact if minimum temperatures are not achieved. All Dietary employees are being in-serviced on T-sticks and Food and Supply Storage. All Dietary employees will be in-serviced before they begin their next scheduled shift until everyone has been in-serviced.4. The Dietary Manager/Designee will review the T-stick logs and temperature logs three times a day for 30 days, then twice daily for 30 days, then daily five times a week as an on going practice of this facility. The Maintenance Supervisor and dish machine vendor will be contacted as needed for repairs to the equipment. The Dietary Manager/Designee will complete a Nutrition Services "Quick Rounds" audit daily x 5 days a week for one month, then three times a week for one month, then two times a week for one month, then weekly for three months. All findings will be addressed and corrected immediately. All findings will be reported in the monthly PI meeting and the PI</p>				

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	<p>January 1 through February 3, 2014 staff had documented 10 times the hot water temperatures had not reached the appropriate temperatures for the wash and rinse cycle.</p> <p>On:</p> <p>1/5/14 breakfast wash temperature was documented 158 degrees, rinse 161 degrees, no corrective action</p> <p>1/5/14 lunch rinse temperature 179 degrees no corrective action</p> <p>1/11/14 dinner rinse 175 degrees, no corrective action</p> <p>1/13/14 breakfast rinse 179 degrees, no corrective action</p> <p>1/14/14 breakfast rinse 165 degrees, no corrective action</p> <p>1/16/14 breakfast wash 159 degrees, no corrective action</p> <p>1/17/14 lunch rinse 179 degrees, no corrective action</p> <p>1/18/14 breakfast rinse 179 degrees, no corrective action</p> <p>1/22/14 lunch rinse 178 degrees, no corrective action</p> <p>1/26/14 breakfast rinse 179 degrees, no corrective action</p> <p>2/4/14 breakfast no temperatures documented</p> <p>During observation of the refrigerator on 2/4/14 at at 10:45 A.M. The following were observed: a tray holding 5 glasses of juice, 1</p>		committee will determine if ongoing monitoring is required or when 100% compliance is achieved.				

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	<p>glass milk, and 2 glasses of thickened water all unlabeled and undated.</p> <p>a container with meat in liquid labeled hamburger with an expiration date 1/9/14</p> <p>a container marked chicken with an expiration date 1/15/14</p> <p>parmesan cheese with an expiration date 1/14/14</p> <p>a container of sliced jalapeno's with an expiration date 1/24/14</p> <p>another glass of thickened water dated January 2, 2014</p> <p>During an interview with DM #1 on 2/4/14 at 10:50 A.M., she indicated left-overs were kept only 4 days after opening.</p> <p>During an interview with the Administrator on 2/4/14 at 11:45 A.M., she indicated if hot water temperatures were too low, staff should stop doing the dishes, notify the dietary manager, and utilize paper product until the dishwasher could be repaired. Infection Control logs for January and February 2014, were reviewed . The logs indicated residents did not incur infections related to gastrointestinal upset during this time.</p> <p>A current facility policy, dated</p>						

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	<p>8/31/13, titled "Dishwashing: Dish Machine" was provided by the Administrator on 2/7/14 at 9:00 A.M. The policy indicated: "8. Test the machine for proper water temperatures and sanitizer levels ... and record readings prior to washing the dishware. Do not use the dish machine if sanitizer and temperature are not acceptable. Contact supervisor or person in charge designee."</p> <p>A current facility policy, dated 8/31/12, titled "Food and Supply Storage" was provided by the Administrator on 2/7/14 at 9:00 A.M. The policy indicated: "Expiration Date: the last date that food should be eaten. Except for eggs, discard foods not consumed by this date.... a. For food products that are opened and not completely used or prepared at facility and stored, the product should be labeled as to its contents and used by dates."</p> <p>3.1-21(i)(3)</p>				

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