

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155657	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-HARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 150 BEECHMONT DR CORYDON, IN 47112
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00163980.</p> <p>Complaint IN00163980 - Substantiated. Federal/State deficiency related to the allegation is cited at F309.</p> <p>Survey date: February 23, 2015</p> <p>Facility number: 010597 Provider number: 155657 AIM number: 200204440</p> <p>Survey team: Debra Holmes, RN-TC Brenda Buroker, RN</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 31 Medicaid: 38 Private: 14 Other: 4 Total: 87</p> <p>Sample: 3</p> <p>This deficiency reflects state findings</p>	F 000	<p>This Plan of Correction is the center's 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. Attached you will find the completed Plan of Correction and attachments for complaint survey dated February 23, 2014. We respectfully 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 (812) 738-0550. Sincerely, Aaron Clarke, 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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F 309 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on February 26, 2015, by Brenda Meredith, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to immediately call for emergency transport to the hospital for acute changes in condition for 1 of 3 residents reviewed for significant changes in condition. (Resident C)</p> <p>Findings include:</p> <p>The closed clinical record of Resident C was reviewed on 2/23/15 at 11:05 A.M. Diagnoses included, but were not limited to, atrial fibrillation, cardiomyopathy and non-Alzheimer's dementia.</p> <p>A change of condition Minimum Data Set assessment, dated 10/20/2014, indicated Resident C required extensive</p>	F 309	<p>I. Resident C is no longer a resident of this facility. II. All residents have potential to be affected. A chart audit of discharges occurring in the last 30 days to validate appropriate intervention and timely notification of emergency services was completed; any discrepancy has been corrected immediately with physician and family/responsible party notification.</p> <p>III. SDC/designee will in-service licensed nurses on timely notification of emergency services for care of a resident with acute change in condition requiring emergency medical services intervention, "A nurse should not hesitate to contact Emergency Medical Services (EMS) at any time for a problem that in their judgment requires immediate medical attention", by Friday, March 20, 2015</p> <p>IV. Director of Nursing/Designee will audit acute care transfers to</p>	03/20/2015

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	<p>assistance for performance of ADL's (activities of daily living), including, but not limited to, transfers and toileting.</p> <p>The Nursing Progress notes included the following notations:</p> <p>11/24/2014 at 11:50 A.M. "Nurse called to resident room by CNA, upon entering, resident noted to be leaning to left side and requiring CNA assist to sit upright in chair. No speech noted. Grasp strong to right side with no grasp noted to left side." Noted by LPN #1.</p> <p>11/24/2014 at 11:50 A.M. "Call to Dr. [Physician name], spoke with [female who answered phone], who states she will discuss situation with doctor and call right back with orders. Call placed to resident's daughter. Call placed to doctor with answering service received. Awaiting return call from doctor." Noted by LPN #1.</p> <p>11/24/2014 at 12:20 P.M. "Resident leaving facility by ambulance."</p> <p>The EMS (Emergency Medical System) record, dated 11/24/14, were recieved and reviewed on 2/23/15 at 12:58 P.M. The record indicated the EMS received a 911 call from the facility at 12:01 P.M. The EMS arrived at the facility at 12:05 P.M.</p>		<p>validate appropriate intervention and timely notification of emergency services was completed 5 days per week for 4 weeks, then 3 days per week for 4 weeks, then during IDT meeting weekly as an ongoing process of this facility. The DNS/designee will review results of the audit at the monthly Performance Improvement (PI) committee-meeting for at least 3 months or until the PI committee determines 100% compliance. V. The DNS is responsible for compliance. F 309 D was cited for failure "to immediately call for emergency transport to the hospital for acute changes in condition for 1 of 3 residents reviewed for significant changes in condition. (Resident C) (ATTACHMENT A-2567 pp 1-4) Kindred-Harrison contends that emergency personnel were notified timely for the cited resident, and therefore the facility was in substantial compliance with this F tag. Kindred-Harrison looks forward to hearing from you regarding scheduling of this face-to face IDR meeting. Thank you for your time and attention to this matter.</p>				

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	<p>The transport left the facility to go the hospital (in Louisville, KY) at 12:34 P.M. and arrived at the hospital at 1:04 P.M.</p> <p>The clinical records from the hospital were reviewed on 2/23/2015 at 2:15 P.M. An Emergency Room note, dated 11/24/2014, indicated the resident arrived at the hospital emergency room after a "witnessed collapse at the nursing home around 11:45 A.M., which is about 1 1/2 hours prior to arrival, with left sided paralysis."</p> <p>During an interview on 2/23/15 at 12:30 P.M., LPN #1 indicated she was the shift supervisor on 11/24/2014 and was the nurse called in to Resident C's room at 11:50 A.M. LPN #1 indicated she was called to the room and Resident C was observed leaning over while seated in the wheelchair. LPN #1 further indicated that after assessment of the resident and situation, Resident C was having "classic stroke symptoms." After assessment, LPN #1 called the physician and made calls to the resident's family, as indicated in the nursing notes. When questioned about the order of phone calls made, LPN #1 indicated she was following policy of notifying the physician to get an order to call for an ambulance. When asked why she did not call 911 directly, LPN #1</p>			

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	<p>indicated she would "need to get permission" from the Director of Nursing Services.</p> <p>During an interview on 2/23/15 at 12:40. P.M., the Director of Nursing Services (DNS) indicated the facility did not have a "911 policy and procedure." The DNS further indicated facility nurses were instructed to follow a list of guidelines for changes in condition and when to report those changes to the physician.</p> <p>On 2/23/12015 at 1:00 P.M., the DNS provided a document titled, "Reporting change of condition to the physician," and indicated these were the guidelines currently being used by the facility as the expected guidelines to follow. This document did not indicate direction to staff for nursing response in the occurrence of an emergency situation.</p> <p>This Federal tag relates to Complaint IN00163980.</p> <p>3.1-37(a)</p>				