

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 04/04/2016
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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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196874.</p> <p>Complaint IN00196874 - Substantiated. Federal/State deficiencies related to the allegation are cited at F514.</p> <p>Survey date: April 4, 2016</p> <p>Facility number: 010597 Provider number: 155657 AIM number: 200204440</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 34 Medicaid: 35 Other: 17 Total: 86</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on April 8, 2016.</p>	F 0000		
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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 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the treatment administration record (TAR) was signed/initialed by nursing staff after treatments were completed for 2 of 3 residents reviewed for documentation. (Resident #B and #C)</p> <p>1. The clinical record for Resident #B was reviewed on 4/4/16 at 10:00 a.m. Diagnoses included, but were not limited to, cellulitis and hypertension.</p> <p>The physician order, dated 1/8/16 and untimed, included, but was not limited to, the following: "[the number 1 circled] Cont. [continue] stimulen [wound</p>	F 0514	<p>April 4, 2016 Complaint (IN00196874) Survey F514</p> <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 of agreement by the provider of the truth of the facts alleged of 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. We request that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review.</p>	04/12/2016	

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	<p>treatment] to left 1st + [and] 2nd toe wounds, then place silver foam between toes. Change BID [twice daily]..."</p> <p>The January 2016 TAR was blank 6 of 24 days on day shift and 4 of 24 days on night shift.</p> <p>The physician order, dated 2/5/16 and untimed, indicated to change treatment to left 1st and 2nd toe wounds to Prisma (wound treatment) BID (twice daily) with foam in between.</p> <p>The February 2016 TAR was blank 1 of 24 days on day shift and 14 of 24 days on night shift.</p> <p>The March 2016 TAR was blank 2 of 31 days on day shift and 24 of 31 days on night shift.</p> <p>The April 2016 TAR was blank 1 of 3 days on night shift.</p> <p>During an interview on 4/4/16 at 2:40 p.m., LPN (Licensed Practical Nurse) #4 indicated, after treatments are completed, the nurse initials the TAR by clicking the Y (Yes) on the computer screen. LPN #4 also indicated, if the treatment is not completed, the nurse clicks on the N (Not done) and has to give a reason why the treatment was not completed.</p>		<p>1. Corrective action for those residents found to have been affected by the deficient practice:</p> <p>Resident #B and #C, Physicians orders, TAR and wounds assessed for accuracy of treatment and documentation to ensure appropriate treatment order is in place.</p> <p>1. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents that receive treatment have the potential to be affected. Any resident that has a treatment ordered had Physician orders, TAR and wound assessed for accuracy to ensure appropriate treatment is in place. Any discrepancies identified will be corrected immediately and notifications made to Physician and responsible party.</p> <p>1. What systemic changes will be made to ensure the deficient practice does not recur:</p> <p>All Licensed Nurses were provided education on 3/16/2016 regarding POEM (Physician Order Electronic Module) documentation. Re-education was initiated immediately on 4/4/2016 and was completed on 4/12/2016 regarding POEM documentation and shift to</p>				

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	<p>During an interview on 4/4/16 at 2:45 p.m., LPN #3 indicated nurses sign the TAR by clicking the Y button and the system automatically puts the nurses initials in the box to show the treatment was completed. LPN #4 indicated if a treatment is not completed, the nurse selects the N button and should document why the treatment was not completed. LPN #4 also indicated if the nurse forgets to document, the box will be blank.</p> <p>During an interview on 4/4/16 at 3:15 p.m., the DON (Director of Nursing) indicated there was a problem related to nursing staff not signing out that treatments were completed.</p> <p>2. The clinical record for Resident #C was reviewed on 4/4/16 at 10:45 a.m. Diagnosis included, but was not limited to, paraplegia. Resident #C was admitted to the facility on 3/25/16.</p> <p>The physician order, dated 3/25/16 at 9:00 p.m., included, but was not limited to, the following: "Dakins [wound treatment] wet to dry dressing to stage 4 areas x [times] 3 to coccyx, left and right buttocks two times a day for multiple pressure areas..."</p> <p>The March 2016 TAR was blank 4 of 7</p>		<p>shift report from the dashboard. See exhibit A & B</p> <p>2.How corrective action will be monitored toensure the deficient practice will not recur;</p> <p>Nurses will review POEM Dashboard at each shift change for any unsigneddocumentation. DNS or designee will review POEM Dashboard in morning ClinicalMeeting for any unsigned documentation. This process will continue on goingwith morning Clinical Meeting for any unsigned documentation. Any unsigned documentation indentified willbe addressed with Licensed Nurse immediately for correction and/or further disciplinaryaction. See exhibit C</p> <p>Any discrepancies will be reviewed by IDT (Interdisciplinary Team) inmonthly QA (Quality Assurance) for further recommendations.</p> <p>Responsibility: Director of Nursing Services</p> <p>Date of Compliance 4/12/2016</p>				

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	<p>days for night shift.</p> <p>This Federal tag relates to Complaint IN00196874</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				