

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 04/17/2013
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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 the investigation of complaint numbers IN00127327 and IN00126630</p> <p>Complaint Number IN00127327 substantiated, Federal/State deficiencies related to the allegations are cited at F-353.</p> <p>Complaint Number IN00126630 substantiated, Federal/State deficiencies related to the allegations are cited at F-315 and F-353.</p> <p>Survey Dates: April 16 & 17, 2013</p> <p>Facility Number: 010666 Provider Number: 155664 AIM Number: 2002229930</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN Teresa Buske RN</p> <p>Census Bed Type: SNF/NF: 100 Total: 100</p> <p>Census by Payor Source: Medicare: 36 Medicaid: 41 Other: 23</p>	F000000	Enclosed, please find our plan of correction for the deficiencies as identified during the complaint survey on April 16th-17th 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request.	

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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	<p>Total: 100</p> <p>Sample: 9</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2</p> <p>Quality Review completed on April 24, 2013 by Brenda Nunan, RN.</p>				

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and timely responses to requests for toileting assistance to maintain or improve bladder function for 3 of 4 residents with incontinence reviewed (Resident A, Resident B, and Resident C).</p> <p>Findings include:</p> <p>1. During initial tour on 4/16/13 at 10:25 a.m., Resident A was observed to be sitting in a wheelchair in his room. The urinal was not within the resident's reach.</p> <p>During an observation on 4/16/13 at 2:45 p.m., the resident's urinal was not within reach and the resident was unable to locate the urinal. Staff assistance was requested for the</p>	F000315	<p>Enclosed, please find our plan of correction for the deficiencies as identified during the complaint survey on April 16th-17th 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request. It is the practice of this facility to ensure that any resident without a foley catheter will remain as such unless medically necessary, to prevent UTI and restore as much bladder function as possible. 1. Resident A and B no longer resident at facility. Resident A and B were immediately interviewed for toileting patterns on 4/18/13. Both resident A and B assignment sheets were then updated to reflect their current toileting patterns. The C.N.A. ADL</p>	05/06/2013

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	<p>resident.</p> <p>Upon interview of Unit Manager #6 on 4/16/13 at 10:25 a.m., the Unit Manager indicated Resident A was alert and oriented.</p> <p>Upon interview of Resident A on 4/16/13 at 2:45 p.m., the resident indicated he was aware when he needed to void. The resident indicated he waited over one hour for staff to respond to his call light when he required assistance to void. The resident indicated he had two incontinent accidents while waiting for staff to respond to his call light. The resident indicated a longer delay in response from the night shift staff. The resident indicated he tried to keep the urinal within his reach for use.</p> <p>Upon interview of CNA #5 on 4/17/13 at 3:40 p.m., the CNA indicated Resident A needed assistance to the bathroom. The CNA also indicated the resident was able to use the urinal by himself if it was within reach.</p> <p>Upon review of the clinical record of Resident A on 4/17/13 at 2:20 p.m., documentation indicated the most recent Minimum Data Set (MDS) assessment was completed on</p>		<p>care grids were revised and initiated to include whether the resident is continent or incontinent and how many times they voided per shift. Resident A and B care plans were updated to include current interventions that are specific to each individual resident needs.2. The DNS and Assistant Director of Nursing interviewed current residents and updated their careplans to reflect specific toileting needs and preferences. The C.N.A ADL care grids were revised on current residents to include whether resident is continent or incontinent and how many times they voided per shift. The C.N.A assignment sheets have been updated on current residents to reflect specific toileting needs and preferences to help ensure timeliness and appropriate bladder treatment is being provided. 3. The Staff Development Coordinator inserviced on 4/22/13, 4/23/13 and 4/29/13 to ensure residents who were incontinent of bladder receive appropriate treatment and timely request for toileting assistance. The Director of Nursing and/ or designee will review C.N.A ADL records three times a week to ensure accurate and timely documentation have been made to help continued compliance. The systemic changes made, all blank C.N.A ADL grids have been updated to</p>		

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	<p>4/2/13. The assessment identified the resident as moderately impaired in cognitive decision making skills and indicated the resident required extensive assistance of one for transfers, dressing, toilet use, personal hygiene, and bathing; and he was occasionally incontinent of bladder without a toileting plan. The care area assessment for urinary incontinence indicated "[Resident A] had diagnoses of a left shoulder fracture, CKD [chronic kidney disease], vascular dementia, and prostate cancer. The assessment indicated a care plan would be developed to monitor for complications and improvements in r/t [related to] urinary incontinence.</p> <p>The resident's current plan of care, dated 4/1/13, addressed the problem of the resident having mixed bladder incontinence related to dementia, prostate enlargement, left shoulder, fracture resulting in limited/restricted mobility. The approaches included, but were not limited to, monitor/document signs/symptoms of urinary tract infection and monitor/document/report to physician possible medical causes of incontinence. The CNA assignment sheet, updated 4/16/13, indicated the resident was incontinent with "urinal</p>		<p>include whether the resident is continent or incontinent and how many times they voided per shift. The CNA assignment sheet have been updated to reflect current resident specific toileting needs and preferences. All new admissions will be interviewed upon admission to determine their specific bladder needs and care plan instituted to reflect toileting plan. The DNS and/or designee will review daily in a.m meeting to ensure continued compliance. 4. The Director of Nursing and/or designee will review 10% of current residents for 100% compliance related to residents who are incontinent of bladder to ensure they have received appropriate treatment and timely responses for request with toileting assistance to help maintain or improve bladder function. The 10% of current residents audited will be reviewed in monthly Quality Assurance meeting for the next three months and quarterly thereafter to ensure and monitor quality compliance.</p>		

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	<p>at bedside."</p> <p>2. During initial tour on 4/16/13 at 10:25 a.m., Unit Manager #6 indicated Resident B was alert and oriented.</p> <p>Upon interview of Resident B on 4/17/13 at 11:20 a.m., Resident B indicated she used her call light to summon staff and had waited two hours for staff to respond. The resident indicated she "wet" on self while waiting for staff assistance and stated, "just can't hold" [urine] for that long. The resident also indicated that the wait for assistance was "worse" at night. The resident indicated she was aware of the need to void.</p> <p>Upon interview of CNA #4 on 4/17/13 at 1:05 p.m., the CNA indicated Resident B was usually incontinent. The CNA indicated the resident used the call light to call for staff, but by the time staff got there she was already wet.</p> <p>Upon review of the clinical record of Resident B on 12:05 p.m., documentation indicated the most recent Minimum Data Set (MDS) assessment was completed on 3/18/13. The assessment identified the resident was independent in</p>				

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	<p>cognitive decision making skills, required extensive assistance of two for transfers, required extensive assistance for dressing, toilet use, personal hygiene, and bathing; and was frequently incontinent of urine with no toileting plan. The resident care area assessment for urinary incontinence indicated, "[Resident B] triggered urinary incontinence r/t [related to] resident requiring extensive assist with toileting and resident being frequently incontinent of bladder...[Resident B] was recently tx [treated] while in hospital for UTI [urinary tract infection]...."</p> <p>The resident's current plan of care, dated 2/27/13, addressed the problem of the resident with stress and functional bladder incontinence related to impaired mobility and loss of peritoneal tone. The approaches included, but were not limited to, bladder retraining, brief use, and monitor/document signs/symptoms of urinary tract infection. The CNA assignment sheet for Resident B, updated 4/16/13, indicated the resident was incontinent with hourly checks to be completed and turned into the DON (Director of Nursing).</p> <p>Upon interview of the Director of Nursing (DON) on 4/17/13 at 5:10</p>			

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	<p>p.m., the DON indicated the hourly checks for Resident B did not involve a specific toileting plan.</p> <p>3. On 4/17/13 at 10:00 a.m., Resident C was interviewed. The resident indicated she did not get up to the bathroom, but utilized a bedpan. The resident indicated at times she had to wait too long for staff assistance after putting on the call light. She indicated she called the phone at the nurses' station to request assistance. The resident indicated she had incontinent episodes.</p> <p>Resident C's clinical record was reviewed on 4/16/13 at 1:50 p.m. A nursing note, dated 4/15/13, indicated the resident was alert and oriented times three. A Minimum Data Set [MDS] assessment, dated 4/1/13, coded the resident with no cognitive or memory impairments. The assessment coded the resident as requiring extensive assistance of one for toileting and frequently incontinent of urine.</p> <p>A Care Area Assessment [CAA], dated 7/16/12, indicated the resident was occasionally incontinent of bladder and needed extensive assistance with toileting tasks,</p>				

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	<p>mobility, and personal grooming tasks and had the potential for infection.</p> <p>A plan of care to address toileting of the resident was not noted. A Certified Nursing Assistant [CNA] assignment sheet, dated 4/16/13, provided by the Director of Nursing [DON] on, 4/17/13 at 4:50 p.m., included, but was not limited to, the resident was incontinent, required assistance to turn every two hours, assistance of two with mechanical lift, was alert, and bedfast. The assignment sheet did not address toileting of the resident.</p> <p>This federal tag relates to complaint #IN00126630.</p> <p>3.1-41(a)(2)</p>				

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F000353 SS=D	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, record review, and interview, the facility failed to ensure sufficient nursing staff to maintain each resident's physical well-being i.e. bladder function in that nursing services were not provided timely and/or in accordance with each resident's plan of care (Resident A, Resident B, Resident C, and Resident D).</p> <p>Findings include:</p> <p>1. During initial tour on 4/16/13 at</p>	F000353	Enclosed, please find our plan of correction for the deficiencies as identified during the complaint survey on April 16th-17th 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and that we have delivered consistent quality outcomes. We would appreciate your consideration of this request. It is the practice of this facility to ensure sufficient nursing staff to provide nursing and related services to attain or	05/06/2013

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	<p>10:25 a.m., Resident A was observed to be sitting in a wheelchair in his room. The urinal was not within the resident's reach.</p> <p>During an observation on 4/16/13 at 2:45 p.m., the resident's urinal was not within reach and the resident was unable to locate the urinal. Staff assistance was requested for the resident.</p> <p>Upon interview of Unit Manager #6 on 4/16/13 at 10:25 a.m., Unit Manager indicated Resident A was alert and oriented.</p> <p>Upon interview of Resident A on 4/16/13 at 2:45 p.m., the resident indicated he was aware when he needed to void. The resident indicated he waited over one hour for staff to respond to his call light when he required assistance to void. The resident indicated he had two incontinent accidents while waiting for staff to respond to his call light. The resident indicated a longer delay in response from the night shift staff. The resident indicated he tried to keep the urinal within his reach for use.</p> <p>Upon interview of CNA #5 on 4/17/13 at 3:40 p.m., the CNA indicated Resident A needed assistance to the</p>		<p>maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. 1. Resident A, B, C and D no longer resident at facility. Resident A and B were immediately interviewed for toileting patterns on 4/18/13. Both resident A and B assignment sheets were then updated to reflect their current toileting patterns. The C.N.A ADL care grids were revised and initiated to include whether the resident is continent or incontinent and how many times they voided per shift. Resident A and B care plans were updated to include current interventions that are specific to each individual resident needs.2. The DNS and Assistant Director of Nursing interviewed current residents and updated their careplans to reflect specific toileting needs and preferences. The C.N.A ADL care grids were revised on current residents to include whether resident is continent or incontinent and how many times they voided per shift. The C.N.A assignment sheets have been updated on current residents to reflect specific toileting needs and preferences to help ensure timeliness and appropriate bladder treatment is being provided. 3. The Staff Development Coordinator</p>		

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	<p>bathroom. The CNA also indicated the resident was able to use the urinal by himself if it was within his reach.</p> <p>Upon review of the clinical record of Resident A on 4/17/13 at 2:20 p.m., documentation indicated the most recent Minimum Data Set (MDS) assessment was completed on 4/2/13. The assessment identified the resident as moderately impaired in cognitive decision making skills and indicated the resident required extensive assistance of one for transfers, dressing, toilet use, personal hygiene, and bathing; and he was occasionally incontinent of bladder without a toileting plan. The care area assessment for urinary incontinence indicated "[Resident A] had diagnoses of a left shoulder fracture, CKD [chronic kidney disease], vascular dementia, and prostate cancer. The assessment indicated a care plan would be developed to monitor for complications and improvements in r/t [related to] urinary incontinence.</p> <p>The resident's current plan of care, dated 4/1/13, addressed the problem of the resident having mixed bladder incontinence related to dementia, prostate enlargement, left shoulder, fracture resulting in limited/restricted</p>		<p>inserviced on 4/22/13, 4/23/13 and 4/29/13 to ensure sufficient nursing staff are maintaining residents who are incontinent of bladder receive appropriate treatment and timely request for toileting assistance. The Director of Nursing and/ or designee will review C.N.A ADL records three times a week to ensure accurate and timely documentation have been made to help continued compliance. The systemic changes made, all blank C.N.A ADL grids have been updated to include whether the resident is continent or incontinent and how many times they voided per shift. The CNA assignment sheets were updated to reflect current resident specific toileting needs and preferences. All new admissions will be interviewed upon admission to determine their specific bladder needs and care plan instituted to reflect toileting plan. The DNS and/or designee will review daily in a.m meeting to ensure continued compliance. 4. The Director of Nursing and/or designee will review 10% of current residents for 100% compliance related to sufficient nursing staff are maintaining residents who are incontinent of bladder to ensure they have received appropriate treatment and timely responses for request with toileting assistance to help maintain or improve bladder function. The 10% of current residents audited</p>		

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	<p>mobility. The approaches included, but were not limited to, monitor/document signs/symptoms of urinary tract infection and monitor/document/report to physician possible medical causes of incontinence. The CNA assignment sheet, updated 4/16/13, indicated the resident was incontinent with "urinal at bedside."</p> <p>2. During initial tour on 4/16/13 at 10:25 a.m., Unit Manager #6 indicated Resident B was alert and oriented.</p> <p>Upon interview of Resident B on 4/17/13 at 11:20 a.m., Resident B indicated she used her call light to summon staff and had waited two hours for staff to respond. The resident indicated she "wet" on self while waiting for staff assistance and stated, "just can't hold" [urine] for that long. The resident also indicated that the wait for assistance was "worse" at night. The resident indicated she was aware of the need to void.</p> <p>Upon interview of CNA #4 on 4/17/13 at 1:05 p.m., the CNA indicated Resident B was usually incontinent. The CNA indicated the resident used the call light to call for staff, but by the time the staff got there she was</p>		will be reviewed in monthly Quality Assurance meeting for the next three months and quarterly thereafter to ensure and monitor quality compliance.				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>already wet.</p> <p>Upon review of the clinical record of Resident B on 12:05 p.m., documentation indicated the most recent Minimum Data Set (MDS) assessment was completed on 3/18/13. The assessment identified the resident was independent in cognitive decision making skills, required extensive assistance of two for transfers, required extensive assistance for dressing, toilet use, personal hygiene, and bathing; and was frequently incontinent of urine with no toileting plan. The resident care area assessment for urinary incontinence indicated, "[Resident B] triggered urinary incontinence r/t [related to] resident requiring extensive assist with toileting and resident being frequently incontinent of bladder...[Resident B] was recently tx [treated] while in hospital for UTI [urinary tract infection]...."</p> <p>The resident's current plan of care, dated 2/27/13, addressed the problem of the resident with stress and functional bladder incontinence related to impaired mobility and loss of peritoneal tone. The approaches included, but were not limited to, bladder retraining, brief use, and monitor/document signs/symptoms of</p>						

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	<p>urinary tract infection. The CNA assignment sheet for Resident B, updated 4/16/13, indicated the resident was incontinent with hourly checks to be completed and turned into the DON (Director of Nursing).</p> <p>Upon interview of the Director of Nursing (DON) on 4/17/13 at 5:10 p.m., the DON indicated the hourly checks for Resident B did not involve specific toileting plan.</p> <p>3. Upon interview of Resident D on 4/16/13 at 12:20 p.m., the resident indicated she used her call light to summon staff for assistance to the bathroom and that she had to wait one hour or more for staff to assist her. The resident indicated she would take herself to the bathroom without assistance due to not being able to wait. The resident stated the staff told her she needed to wait for assistance.</p> <p>Upon review of the clinical record of Resident D on 4/16/13 at 12:40 p.m., the most recent Minimum Data Set (MDS) assessment was completed on 3/14/13. The assessment identified the resident as independent in cognitive decision making skills; required extensive assist in transfers, dressing, personal hygiene, and bathing; required extensive assist of</p>						

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	<p>two for toilet use; and continent of bladder.</p> <p>4. On 4/17/13 at 10:00 a.m., Resident C was interviewed. The resident indicated she did not get up to the bathroom, but utilized a bedpan. The resident indicated at times she had to wait too long for staff assistance after putting on the call light. She indicated she called the phone at the nurses' station to request assistance. The resident indicated she had incontinent episodes.</p> <p>Resident C's clinical record was reviewed on 4/16/13 at 1:50 p.m. A nursing note, dated 4/15/13, indicated the resident was alert and oriented times three. A Minimum Data Set [MDS] assessment, dated 4/1/13, coded the resident with no cognitive or memory impairments. The assessment coded the resident as requiring extensive assistance of one for toileting and frequently incontinent of urine. The Care Area Assessment, dated 7/16/12, indicated the resident was occasionally incontinent of urine and required extensive assistance with toileting tasks. The assessment did not include a rationale for the resident's incontinence.</p>						

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	<p>The most recent MDS, dated 4/1/13, coded the resident as requiring extensive assistance of one for activities of daily living, non-ambulatory, required set up assistance for eating.</p> <p>Upon interview of the Administrator on 4/17/13 at 5:05 p.m., the Administrator indicated she was unaware of any staffing concerns. The Administrator also indicated she routinely audited the timeliness of staff answering call lights on all shifts.</p> <p>This federal tag relates to complaint #'s IN00126630 and #IN00127327.</p> <p>3.1-17(a)</p>			