

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140
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F000000	<p>This visit was for the Investigation of Complaint IN00130473.</p> <p>Complaint IN00130473 -- Substantiated. No deficiencies related to the allegations are cited</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: July 1 and 2, 2013</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 140 Total: 140</p> <p>Census payor type: Medicare: 15 Medicaid: 93 Other: 32 Total: 140</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>July 18, 2013</p> <p>Indiana State Department of Health 2 N. Meridian Indianapolis, IN 46204</p> <p>RE: Kindred Transitional Care and Rehabilitation-Greenfield Plan of Correction Credible Allegation of Compliance, and</p> <p>Request for Desk Review</p> <p>Dear Kim Rhoades,</p> <p>On July 1, 2013 surveyors from the Indiana State Department of Health completed an inspection at Kindred Transitional Care and Rehabilitation-Greenfield. As a result of the inspection, the surveyors alleged that the Center was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the HCFA-2567L with the Center's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Center of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.</p> <p>Please also consider this letter and the Plan of Correction to be the Center's credible allegation of compliance. The center will achieve substantial compliance with the applicable certification requirements on July 22, 2013. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Center's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with</p>	
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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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	Quality review 7/08/13 by Suzanne Williams, RN		<p>additional evidence of compliance so you may certify that the center is in substantial compliance with the applicable requirements.</p> <p>This letter is also our request for a desk review to verify that the Center achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.</p> <p>Thank you for your assistance with this matter. Please call me if you have any questions.</p> <p>Sincerely,</p> <p>Monica Jill Pearson, HFA Administrator (317) 462-3311</p>		

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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 interview and record review, the facility failed to ensure current physician orders were correctly reflected on the current month's recapitulation of orders for 1 of 3 residents reviewed for physician orders in a sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 7-1-13 at 3:52 p.m. His diagnoses included, but were not limited to diabetes, colon cancer with colostomy and polyneuropathy.</p> <p>A telephone order was received on 6-26-13 which indicated to begin Glucator XL (a medication used for elevated blood sugars associated with</p>	F000514	<p>1. Resident B's MD was notified and Glucotrol XL 5mg PO daily has been added to the recapitulation order.</p> <p>1. All other residents have the potential to be affected. The DNS/Designee have completed an audit of all re-writes for July to validate accuracy and any findings have been addressed. This audit was completed by two nurses with both nurses signing the re-writes.</p> <p>1. Education has been completed with all Licensed Nurses on Renewed or Recapitulated (Recap) Physician's Orders, Medication Records, and Treatment Records.</p> <p>1. The facility will review renewed or recapitulated</p>	07/22/2013			

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	<p>diabetes) 5 milligrams daily by mouth. The Medication Administration Record (MAR) indicated this medication was initiated on 6-27-13 and continued on a daily basis.</p> <p>On 6-27-13, the July 2013 monthly physician recapitulation orders were reviewed and signed by a licensed nurse of the facility. The physician order for Glucator XL 5 mg daily by mouth was not present on the July 2013 recapitulation orders.</p> <p>In interview with the Assistant Director of Nursing (ADON) on 7-2-13 at 9:50 a.m., she indicated she did not know why the Glucator XL order was not placed on the July 2013 recapitulation orders. She indicated the order was placed on the June and July 2013 MAR's.</p> <p>In interview with the Director of Nursing on 7-2-13 at 10:30 a.m., she indicated the lack of placement of the Glucator XL order on the monthly recapitulation orders "Could be a potential problem for next month's re-writes if someone didn't catch it."</p> <p>In interview with the Administrator on 7-2-13 at 2:20 p.m., she indicated the facility has one nurse to verify the monthly physician (recapitulation)</p>		<p>physician's orders with two nurses each month for three months. The DNS/Designee will validate the process by having both nurses signature on the recapitulation orders. All findings will be reported to the PI committee monthly. The PI committee will determine if continued monitoring is needed or when 100% compliance is met. compliance date: July 22, 2013</p>				

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	<p>orders for accuracy and will sign and date the recapitulation orders to indicate the orders are accurate.</p> <p>On 7-2-13 at 2:20 p.m., the Administrator provided a facility policy entitled, "Renewed or Recapitulated (Recap) Physician's Orders, Medication Records, and Treatment Records." This policy was indicated to be the current policy in effect. This policy indicated, "Every 30 days physician orders are validated that physician orders are clear, complete, and signed order of a person lawfully authorized to prescribe. Physician's orders are reviewed and revised to include new orders, changed orders or to discontinue orders that have occurred throughout the month...Add orders that are missing from the recap orders. This may include, but is not limited to: a. Telephone orders that were obtained since the last full physician's orders...."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			