

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 11/26/2013
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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 IN00136978.</p> <p>Complaint IN00136978 substantiated. A Federal/State deficiency related to the allegations is cited at F282.</p> <p>Survey dates: November 25 and 26 2013</p> <p>Facility number: 000099 Provider number: 155188 Medicaid number: 100291140</p> <p>Survey team: Chuck Stevenson, RN, TC</p> <p>Census bed type: SNF/NF: 151 Total: 151</p> <p>Census payor type: Medicare: 25 Medicaid: 94 Other: 32 Total: 151</p> <p>Sample: 5</p> <p>This deficiency also reflects State findings in accordance with 410 IAC 16.2.</p>	F000000		
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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 completed on December 4, 2013, by Janelyn Kulik, RN.			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure complete and accurate records of physician's orders for medications were maintained for 1 resident (Resident B) of 3 reviewed for medication records in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 11/25/13 at 11:45 a.m.</p> <p>Diagnoses included, but were not limited to, congestive heart failure, hypertension, diabetes mellitus, a history of breast cancer, and pulmonary fibrosis.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 6/26/13 indicated Resident B had no cognitive deficit and required assistance of staff for activities of daily living.</p> <p>A physician's order dated 8/28/13 at 2:15 p.m. indicated in part "Ergocalciferol (a vitamin D2 supplement) 50,000 units 3 x (times)</p>	F000282	<p>December 13, 2013 Indiana State Department of Health2 N. MeridianIndianapolis, IN 46204 RE: Kindred Transitional Care and Rehabilitation-Greenfield Plan of Correction Credible Allegation of Compliance, and Request for Desk Review Dear Kim Rhoades, On November 26th, 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. Please also consider this letter and the Plan of Correction to be the Center's credible allegation of</p>	12/16/2013			

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	<p>per week x 2 weeks then once per week thereafter..."</p> <p>A physician's order dated 8/28/13 at 4:00 p.m. and indicated by the Director of Nursing (D.O.N.) to have been transcribed from the above order indicated in part "Ergocalciferol 50,000 units PO (by mouth) TID (3 times per day) x 2 weeks then wkly (weekly).</p> <p>Resident B's medication administration record for September 2013 indicated she received ergocalciferol 50,000 units 3 times per day, at 8:00 a.m., 1:00 p.m., and 8:00 p.m., on 9/1/13, 9/2/13, 9/3/13, 9/4/13, and 9/5/13. On 9/6/13 Resident B received the medication at 8:00 a.m. and 1:00 p.m.</p> <p>During an interview with the D. O. N. on 11/25/13 at 3:15 she indicated that on 8/28/13 the nurse who transcribed the physician's order for ergocalciferol had made an error in transcribing the order, resulting in Resident B receiving the medication 3 times per day in error as opposed to the intended administration of the medication 3 times weekly. The D.O.N. indicated that on 9/6/13 a nurse noted the error, called the physician, received an order to hold</p>		<p>compliance. The center will achieve substantial compliance with the applicable certification requirements on December 16, 2012. 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 additional evidence of compliance so you may certify that the center is in substantial compliance with the applicable requirements. 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. Thank you for your assistance with this matter. Please call me if you have any questions. Sincerely, Monica Jill Pearson, HFAdministrator(317) 462-3311 POC Greenfield F282 Resident B was not harmed. The physician, resident B and resident B's family were notified. Resident B no longer resides in facility All residents have the potential to be affected. All residents have had an audit completed of readmission orders, telephone orders, transfer orders and faxed orders to validate accuracy with all physicians' orders and in an effort to prevent</p>		

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	<p>the medication for 2 days, then re-start it as originally ordered.</p> <p>A facility policy titled "Readmission, Hand Written Orders, Written Transfer Orders or Faxed Orders" dated 10/31/09 received from the Administrator on 11/26/13 at 1:20 p.m. indicated:</p> <p>"Rationale: Physician orders should be rewritten upon readmission to prevent missing an order, incorrectly continuing an order or to prevent transcription errors..."</p> <p>This Federal tag relates to complaint IN00136978.</p> <p>3.1-35(g)(2)</p>		<p>transcription errors. The nurse making the transcription error in regards to resident B has had education and PI regarding transcribing physicians' orders. Licensed nurses have been educated on the process and policy for "Readmission, Hand Written Orders, Written Transfer Orders or Faxed Orders." How facility will monitor system changes: The facility will have a second nurse validate the accuracy of all transcribed orders by initialing on the order she has verified the accurate transcription of the order for 30 days. The DNS/Designee will audit all transcribed orders three times a week to validate this process for 30 days, then audit transcribed physicians' orders twice weekly for 30 days and then weekly for 30 days. The DNS/Designee completing the audit will initial the order on the chart. All findings will be submitted to the QA committee monthly and the QA committee will determine when 100% compliance is achieved or if further monitoring is required.</p>		