

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155488	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-ROLLING HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 ST JOSEPH RD NEW ALBANY, IN 47150
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F000000	<p>This visit was for the Investigation of Complaints IN00131603, IN00133966, and IN00142120.</p> <p>Complaint IN00131603 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Complaint IN00132966 - Substantiated - Federal and State deficiencies related to the allegations are cited at F157 and F279.</p> <p>Complaint IN00142120 - Substantiated - Federal and State deficiencies related to the allegations are cited at F157, F282 and F425.</p> <p>Survey dates: January 27, 28, and 29, 2014</p> <p>Facility number: 000526 Provider number: 155488 Aim number: 100266970</p> <p>Survey Team: Gloria J. Reisert MSW</p> <p>Census bed type: SNF/NF: 102</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending January 29th, 2014. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me at 502-640-0687. Sincerely, Rhonda Mullins Executive Director</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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	<p>Total: 102</p> <p>Census payor type: Medicare: 10 Medicaid: 77 Other: 15 Total: 102</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 31, 2014 by Cheryl Fielden RN</p>			
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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the family when Doppler test results were received and when the status</p>	F000157	<p>1. Resident C's daughter was notified of the test results. Resident K's drainage was related to side effect of the medication used however, the MD has been notified.2. All</p>	02/21/2014			

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	<p>of a resident's wounds declined. This deficient practice affected 2 of 8 residents reviewed for notification. (Resident #C and #K).</p> <p>Findings included:</p> <p>1. Review of the clinical record for Resident #C on 1/28/14 at 3:55 p.m., indicated the resident had diagnoses which included, but was not limited to: Alzheimer dementia and bilateral humeral neck fractures.</p> <p>On 1/19/14 at 2130 [9:30 p.m.], the nursing notes indicated: "This nurse noted swelling in left extremity. This nurse called MD [physician]. N.O. [new order] Venous Doppler, Chest x-ray and schedule mammogram at [name of hospital] in AM [morning] 1-20-14. Notify MD and daughter of test results..."</p> <p>Review of the test results report indicated the physician had been notified of the results and gave no new orders. Documentation was lacking of the daughter having been notified of the results.</p> <p>During an interview with LPN #1 on 1/29/14 at 2:35 p.m., she indicated that families were always to be notified whenever test or lab results</p>		<p>residents have potential to be affected. A chart audit (Attachment 157A) for physician and family/responsible representative notification of change in condition for past 30 days and notifications on identified areas will be completed.</p> <p>3. Staff Development Coordinator or designee will in-service all licensed nurses on timely physician and family/responsible party notification of change of condition. (Attachment 157B)</p> <p>4. The Director of Nursing Services or designee will audit the 24 hour report to identify resident change of condition (Attachment 157A) with physicians and family/responsible party notification of change of condition weekly for 4 weeks, then bi-weekly for 4 weeks, then monthly for 6 months, then quarterly thereafter. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>were received.</p> <p>2. Review of the clinical record for Resident #K on 1/29/14 at 11:40 a.m., indicated the resident was admitted to the facility on 1/16/14 from the hospital and had diagnoses which included, but were not limited to: left below knee amputation and history of MRSA [Methacillin Resistant Staph Aeurus - a germ organism].</p> <p>Review of the nursing notes between 1/16/14 and 1/24/14 indicated the resident's dressings to the right heel wound and left amputation site were clean, dry and intact. On 1/25/14 at 1800 [6:00 p.m.], the note indicated: "...R [right] heel wound [and] L [left] BKA [below knee amputation] incision both have thick greenish drainage. Dsgs [dressings] [changed] as ordered...Continue to monitor."</p> <p>Documentation was lacking of the physician having been notified of the changes in the resident's wounds.</p> <p>During an interview with RN #1 on 1/29/14 at 1:50 p.m., she indicated that the physician should be notified when a resident's wounds change from no issues to greenish drainage</p>			

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	<p>as it indicated a possible infection was developing.</p> <p>During an interview with the Corporate RN at the exit meeting on 1/29/14 at 4:45 p.m., she indicated that the physician should have been notified.</p> <p>On 1/27/14 at 10:00 a.m., the Director of Nursing presented a copy of the facility's current policy titled "Notifications". Review of this policy at this time included, but was not limited to: "Policy: Staff informs the patient, consults with their attending physician, and notified the patient's surrogate when:...A significant change occurs in the patient's physical, mental or psychosocial status; Treatment needs to be altered significantly; or Laboratory results or any other testing results returned from a contracted laboratory or an outside laboratory, or a healthcare site..."</p> <p>This Federal tag is related to Complaints IN00133966 and IN00142120.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>						

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan which addressed a resident's frequent refusals of care and poor family coping of resident's limitations and placement. This deficient practice affected 1 of 8 residents reviewed for care planning. (Resident #A)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #A on 1/28/14 at 2:36</p>	F000279	<p>1. Resident A is no longer a resident of the facility. 2. All residents with challenging behaviors and/or family's who show difficulty coping with a resident's overall status have potential to be affected. A chart audit (Attachment 279A) reviewing documentation for past 30 days to identify residents with challenging behaviors and/or families showing difficulty coping will be completed, care plans updated, behavior monitoring sheets updated or initiated, and care plan conference date set with notification to all related parties. 3. Staff Development</p>	02/21/2014	

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	<p>p.m., indicated the resident was admitted to the facility on 7/17/13 for rehabilitation and had diagnoses which included, but were not limited to: lung cancer with metastasis to T [thoracic] 9, congestive heart failure and vertigo.</p> <p>Review of the interdisciplinary notes (Nursing, Activities, Social Services and Dietary) between 7/17/13 and 7/29/13 documented several entries in which the resident refused to get out of bed to toilet and would subsequently soil himself because of his refusals.</p> <p>Documentation was also noted in which the family was observed to be verbally abusive to both the resident and staff during their visit's, expressing frustration with his refusals to get out of bed, his soiling himself, his bowel status, and resident's room and furniture.</p> <p>Review of the care plans developed during his stay failed to locate documentation of a care plan having been developed to address the resident's refusals of care and family's difficulty coping with the resident's overall status and placement.</p>		<p>Coordinator or designee will in-service licensed nurses and social service director on POL 605 Care Plans, 24 Hour Report, and Behavior Monitoring Flow Sheets. (Attachment 279B) 4. The Director of Nursing Services or designee will audit the 24 Hour Report to identify residents with challenging behaviors and/or family's who show difficulty coping (Attachment 279A) and validate Behavior Monitoring Flow Sheets and care plans are in place 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days, then weekly for 4 weeks, then bi-weekly for 4 weeks, then monthly for 6 months, then quarterly with care conference thereafter. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>On 1/28/14 at 4:06 p.m., the Director of Nursing presented a copy of the facility's current policy titled "Care Plans". Review of this policy at this time included, but was not limited to: "Policy: A comprehensive care plan is developed consistent with the patient's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the patient's needs as identified in the patient's assessment or as identified in relation to the patient's response to the interventions or changes in patient's condition. Rationale: Plan of care is developed on the patient's individual needs as identified by assessments. The care plan includes a treatment plan, patient's preferences, patient goals that are measurable and contain a schedule to evaluate the patient's progress or lack of progress towards his/her goals... Components:...7. If the patient refuses certain services or treatments that professional staff believe necessary for the patient to attain his or her highest practicable level of well-being, the desires of the patient are documented in the care plan, 8. The patient, legal surrogate or representative does not have the</p>			

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F000282 SS=D	<p>right to demand specific medical intervention or treatment that the professionals deem inappropriate..."</p> <p>During the final exit meeting with the Corporate RN and RN #1 on 1/29/14 at 4:30 p.m., they indicated there should have been a care plan in place to address the refusals.</p> <p>This Federal tag is related to Complaint IN00133966.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 administer an antibiotic and aspirin in the correct dosage and time frames as prescribed by the physician for 1 of 4 residents reviewed for pharmacy services. (Resident #H).</p>	F000282	<p>1. Resident H's physician and family/responsible party was notified of medication variance on both medications.2. All residents have potential to be affected. A three way audit (Attachment F282A) physician order to medication administration record to medication carts will be conducted on all active resident charts to ensure that all</p>	02/21/2014	

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	<p>Finding included:</p> <p>Review of the clinical record for Resident #H on 1/29/14 at 10:00 a.m., indicated the resident was re-admitted from the hospital on 12/10/13 and had diagnoses which included, but were not limited to: status post left and right total knee replacements, coronary artery disease and status post removal of left knee replacement.</p> <p>Review of the re-admitting Physician Orders from the hospital indicated the resident was to be on Rifampin [antibiotic] 300 mg [milligrams] - 1 capsule BID [twice daily] for 6 weeks. Times of administration were set for 8:00 a.m. and 8:00 p.m.</p> <p>Review of the new MAR [Medication Administration Record] written upon re-admission indicated the order was transcribed correctly onto it, but failed to add the 8:00 p.m. time frame for administration of the medication. This omission resulted in the resident missing his 8:00 p.m. dose from 12/10/13 through 12/30/13 (20 doses) when it was discovered and the physician and family were notified. No adverse affects were noted as a result of the missing doses.</p>		<p>medications orders are transcribed accurately and all medications are available any discrepancy has been corrected and physician and family/responsible party notified.3. Staff Development Coordinator or designee will in-service all licensed nurses on physician orders with focus on medication order transcription and ordering medication from pharmacy. (Attachment F282B)4. The Director of Nursing or designee will audit (Attachment F282A) transcription of all new physician orders and availability of medication 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days. Two nurses will complete a three way audit physician order to medication administration record to medication carts on all active resident charts monthly for 3 months and quarterly for 6 months to ensure that all medications orders are transcribed accurately and all medications are available. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>Review of the December MAR also indicated a new order had been received on 12/22/13 to discontinue the Lovenox [a blood thinning medication to prevent blood clots] injections and to begin EC ASA [Enteric Coated Aspirin] 81 mg daily on 12/23/13. The MAR noted the 12/24 and 12/25 doses were not given as ordered. Documentation was lacking as to a reason why it was not administered per physician orders.</p> <p>Review of the care plans indicated the following: - "12/10/13 - Infection Actual - right knee joint infection; Goal - infection will resolve without complication; Approach - Administer antibiotics per physician order."</p> <p>- "8/23/13 with a review date of 11/20/13 - Infection - potential for/actual - MSSA [Methacillin Sensitive Staph Aureus left knee...; Goal - infection will resolve; Approach - IV [intravenous] and PO [by mouth] ABTS [antibiotics] as MD orders..."</p> <p>During an interview with the Corporate RN on 1/29/14 at 2:45 p.m., she indicated that after the</p>			
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	<p>family and resident had complained about him not receiving his medications like he was supposed to, the previous Director of Nursing discovered the nurse had written the order correctly onto the MAR, but just did not write the 8:00 p.m. time frame onto it and that the resident did miss numerous doses of his antibiotic.</p> <p>During a second interview with the Corporate RN at 3:00 p.m., she also indicated that it was not just one nurse who was at fault for the Rifampin not being given due to the 8:00 p.m., dose not marked for administration. She indicated that if all the nurses had read the MAR and the order, they all would have seen the antibiotic should have been given twice daily.</p> <p>The Corporate RN was unable to say why the Aspirin had not been given as ordered.</p> <p>This Federal tag is related to Complaint IN142120.</p> <p>3.1-35(g)(2)</p>			

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to order a resident's medications in a timely manner after re-admission in order to provide continuity of care. This deficient practice affected 1 of 4 residents reviewed for pharmacy services. (Resident #H)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #H on 1/29/14 at 10:00 a.m., indicated the resident was re-admitted from the hospital on</p>	F000425	<p>1. Resident H has all medications available as ordered.2. All residents have potential to be affected. A three way audit (Attachment F425A) physician order to medication administration record to medication carts will be conducted on all active resident charts to ensure that all medications are available any discrepancy has been corrected and physician and family/responsible party notified.3. Staff Development Coordinator or designee will in-service all licensed nurses on ordering medication from pharmacy and medication</p>	02/21/2014			

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	<p>12/10/13 and had diagnoses which included, but were not limited to: status post left and right total knee replacements, coronary artery disease, congestive heart failure and status post removal of left knee replacement.</p> <p>Review of the 12/10/13 Hospital Re-Admission Orders to the facility included, but were not limited to the following medications:</p> <ul style="list-style-type: none"> - Lipitor [cholesterol medication] 40 mg [milligrams] in the morning. - Uloric [gout medication] 80 mg in the morning. - Potassium Chloride [Potassium supplement] 10 mEq [milliequivalent] in the morning. - Melanx Vitamin B 1 capsule in the morning. - Zoloft [anti-depressant] 100 mg in the morning. - Toprol XL [blood pressure medication] 25 mg in the morning. - Aldactone [blood pressure/congestive heart failure medication] 50 mg in the morning. - Lasix [a diuretic] 40 mg BID [twice daily]. <p>Review of the December 2013 MAR [Medication Administration Record] indicated the following medications were circled as not given and were</p>		<p>discontinuation and return to pharmacy. (Attachment F425B)4. The Director of Nursing or designee will audit (Attachment F425A) all new physician orders availability of medication or removal of medication from cart 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days. Two nurses will complete a three way audit physician order to medication administration record to medication carts on all active resident charts monthly for 3 months and quarterly for 6 months to ensure that all medications are available and all discontinued medications are removed from cart. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>documented on the back of the MAR as not being available in the medication cart:</p> <ul style="list-style-type: none"> - Lipitor - 12/11, 12/12, 12/13, 12/14, and 12/15 - Uloric - 12/14 and 12/15 - Potassium Chloride - 12/14 and 12/15 - Melanx Vitamin B - 12/11, 12/12, 12/13, 12/14 and 12/15 - Zoloft - 12/14 and 12/15 - Toprol XL - 12/14 - Aldactone - 12/11, 12/12, 12/13, 12/14 and 12/15 - Lasix - 12/14 and 12/15 <p>During an interview with LPN #1 on 1/29/14 at 2:35 p.m., she indicated that medications were usually ordered 3-4 days in advance and that if the resident was re-admitted on the same medications as prior to hospitalization, the facility would just use those meds up until needing re-ordered.</p> <p>During an interview with the Corporate RN on 1/29/14 at 3:00 p.m., she indicated that there was a problem on 12/14 and 12/15 with getting the resident's Uloric medication as the pharmacy never let the facility know the medication was on back order from the manufacturer until the nurse called</p>						

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	<p>the pharmacy on 12/14 to find out why the medication which had been ordered STAT was not available.</p> <p>The Corporate RN indicated the nurse had to tell the pharmacy to go ahead and use the back up pharmacy as the medication was needed immediately. She also indicated that she wasn't sure this was not also the problem as to why the other medications were not available on 12/14 and 12/15 also but that since the facility still had some of his medications from before transfer to the hospital, they just went ahead and used those until they ran out.</p> <p>During an interview with LPN #2 at 3:10 p.m., and RN #3 at 3:15 p.m., they indicated the orders were faxed to the pharmacy and then the fax confirmation would either be put into the unit manager's box for review and/or placed into the clinical record with the admission orders. They also indicated that now 2 nurses were required to verify the orders.</p> <p>A second interview with the Corporate RN at 3:35 p.m., indicated "I checked with the unit manager who called the pharmacy. Another nurse working the resident's</p>			

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	<p>admission was the one who did the ordering of the medications from the pharmacy at admit. The pharmacy told RN #2 that they were only told to send the new medications and we used what he had here for the others medications. There obviously was a breakdown in communication between the pharmacy and the nurse. I'm not sure the stickers were pulled on the Melanx Vitamin B and the Lipitor for re-ordering so the nurses thought they were already ordered, but really were not. On 12/14, the nurse called the pharmacy after 6:00 p.m., was told it was too late for the medications to be put on the next run and would have to wait until the following run. By the time they got here late the next day, the resident did miss 2 doses of most of his medications."</p> <p>This federal tag is related to Complaint IN00142120.</p> <p>3.1-25(o)</p>				