

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155133	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/23/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201
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F000000	<p>This visit was for the Investigation of Complaints IN00141876, IN00141931, and IN00141913.</p> <p>IN00141876-Substantiated. Federal/ state deficiencies related to the allegations are cited at F224.</p> <p>IN00141931-Substantiated. No deficiencies related to the allegations are cited.</p> <p>IN00141913- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates January 17, 22, &amp; 23, 2014</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Survey Team Gwen Pumphrey, RN-TC</p> <p>Census Payor Type SNF/NF: 151 Total: 151</p> <p>Census Bed Type Medicare:26 Medicaid: 101</p>	F000000		

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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F000224 SS=A	<p>Other: 24 Total: 151</p> <p>Sample: 15</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on January 27, 2014 by Cheryl Fielden, RN.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview, and record review the facility failed to protect a resident from resident to resident physical abuse. The deficient practice affected 1 of 6 residents reviewed for abuse in a sample of 15 ( Resident A).</p>	F000224	F224I. Resident A has exhibited no adverse outcomes related to fracture. Resident B has exhibited no episodes of aggression since readmission from Behavior Center. II. Residents residing in the facility have the potential to be affected by this alleged deficient practice. An audit was completed	02/21/2014			

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	<p>Findings include:</p> <p>Review of the reportables to the Indiana State Department of Health (ISDH) on 1/17/14 at 2:00 p.m., indicated the facility reported an incident regarding Resident A and Resident B. The report indicated Resident A was in the hallway and following Resident B. Resident B grabbed Resident A and pushed her to the floor. The report indicated staff immediately separated the residents.</p> <p>The report indicated Resident A sustained a fracture to her wrist. Resident B was transferred to a psychiatric facility for evaluation.</p> <p>Resident A's clinical record was reviewed at 1/17/14 at 2:42 p.m. She had diagnoses including but not limited, to dementia, insomnia, and anemia.</p> <p>A nurses note dated 12/21/13 at 3:00 a.m., indicated Resident A had been wandering in other residents rooms. Resident A had been pacing the hallway and was unable to be redirected.</p> <p>An incident note dated 12/21/13 at</p>		<p>on residents with history of behaviors to ensure care plans and resident care sheets were updated to include appropriate interventions. III. Facility staff were re-in serviced on Preventing Abuse and Identifying Danger Signs and Defusing Conflict related to Resident to Resident Aggression on 2/19/2014. Social Services and nurse managers will review behavior notes Monday through Friday in morning clinical meeting and update care plan and resident care sheet interventions as needed. IV. Social Service/Designee will complete Review of Process Measures for Monitoring Behaviors sheets weekly x 4, then monthly x 3, then quarterly until compliance is achieved. Results will be reviewed in PI Committee and action plans implemented as necessary. Date of compliance 2/21/2014.</p>		

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	<p>7:05 a.m., indicated "the resident had a visible quarter size bruise on her left wrist, lacerations, and bruising to her right elbow, and the anatomy of her right wrist seem to be inappropriately align. Resident Keep saying she is in excruciating pain. "</p> <p>Resident A was transferred to the emergency room on 12/21/13 at 5:05 a.m. A radiology report dated 12/21/13 at 8:19 a.m. indicated Resident A sustained a distal right radius and ulnar styloid fracture. Resident A was treated in the emergency room for her fracture and returned to the facility on 12/21/13.</p> <p>The orthopedic physician's progress note dated 12/23/13 (untimed) directed Resident A to have routine splint care. The orthopedic physician noted dated 1/9/14 at 10:45 a.m., indicated Resident A's progress is satisfactory.</p> <p>On 1/17/14 at 3:12 p.m., Resident B's clinical record was reviewed. He had diagnoses including but not limited to, dementia, psychosis, parkinsons, high blood pressure, and reflux.</p> <p>A nurses note dated 12/21/13 at</p>				

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	<p>3:33a.m. indicated resident appeared to be confused.</p> <p>A nurses note dated 12/21/13 at 6:50a.m. indicated Resident B grabbed Resident A "by her shoulders and slammed her into the door".</p> <p>Resident B was transferred to a psychiatric hospital for agitation and aggression. Resident B's medications were stabilized and he returned to the facility on 12/30/13.</p> <p>On 1/17/14 at 2:58p.m., the RN#1 was interviewed. She indicated Resident A was known to wander on the unit. She indicated the night of the incident, "Resident A had been up wandering and she [Resident A] went into the resident's [Resident B's] room and he [Resident B] put her[Resident A] up against the wall. She [Resident A] was sent out to the hospital and she had 2 displaced fractures. Under conscious sedation, they splinted her arm and she returned [to the facility] that afternoon. She tolerated the procedure well and went to see the orthopedic on that Monday. She can wiggle her arm now and she has a sling. She still has bruising to her right hand and the</p>						

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	<p>swelling has went down. There's not been anymore wandering with Resident A, I think this[behavior] was related to her adjusting"</p> <p>RN #1 indicated Resident B,"had not had any behaviors like that before. He would try to get out of the facility but no aggressive behavior. We decided that he needed to be sent out because he was aggressive to a resident, had increased wandering, and exit seeking behavior. They[psychiatric hospital] changed his meds[medications], took him off seroquel and increased his zoloft, he was there about a week. Since returning to the facility,there's not been anymore incidents with him."</p> <p>RN #1 indicated if she observed a resident-to-resident altercation she would "separate the residents immediately, and notify the administrator and Director of Nursing. I would make sure the residents are safe and get help."</p> <p>Resident A was unavailable for an interview on 1/17/14 at 3:29 p.m.</p> <p>Resident B was unavailable for an interview on 1/17/14 at 3:27 p.m. Resident B was observed in a group activity interacting appropriately with</p>						

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	<p>several residents.</p> <p>The policy titled, "Abuse" was received from the Director of Nursing on 1/17/14 at 1:30 p.m.,[ , indicated "...patients have the right to be free of....physical abuse..."</p> <p>This federal tag is related to Complaint IN00141876.</p> <p>3.1-27(a)1</p>				