

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 04/01/2016
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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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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Compliant IN00193928.</p> <p>Survey dates: March 28, 29, 30, 31, April 1, 2016.</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Census bed type: SNF: 89 Total: 89</p> <p>Census payor type: Medicare: 21 Medicaid: 57 Other: 11 Total: 89</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 04/04/2016 by 29479.</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Kindred Transitional Care and Rehabilitation-Eagle Creek that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of Eagle Creek. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for residential health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully request from the Department a desk review for paper compliance.</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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F 0309 SS=G Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medication was administered to manage acute pain resulting in a resident verbally and nonverbally indicating pain during a wound treatment for 1 of 3 residents reviewed for pain management during wound treatments (Resident #19).</p> <p>Finding includes:</p> <p>On 3/31/16 at 10:05 a.m., with Qualified Medication Aide (QMA) #7, Licensed Practical Nurse (LPN) # 8, and RN # 2 present, Resident #19's wound care was observed. Resident #19 was positioned on her right side while wounds on left hip were treated. During the procedure Resident #19 indicated that she was in pain three times by jumping and stated, "oh Jesus," when wound packing was removed. QMA #7 asked resident #19 if she was in pain and Resident #19 stated,</p>	F 0309	<p>F-309 1.Resident #19 was in pain during wound care. LPN #2, LPN #6 and LPN # 8 have been educated on administering pain medication to the resident at least 30 minutes before the procedure to prevent discomfort.</p> <p>1.All residents with a wound dressing change that has the potential to cause pain have the potential to be affected. An audit has been completed to validate that all residents with a wound dressing change have analgesia available and offered per MD order prior to wound dressing change.</p> <p>1.All Licensed nurses have been educated on Clean Dressing Change with emphasis on Pain management.</p> <p>1.The DNS/designee will observe all residents with a wound dressing change twice a week for 30 days, then once a</p>	04/21/2016

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	<p>"yes." QMA #7 told Resident #19 she would have her nurse bring her pain mediation as soon as the dressing change was complete. LPN # 2 continued with the wound care despite the resident indicating she was in pain.</p> <p>Resident #19's record was reviewed on 3/31/16 at 10:05 a.m. Medication Administration Record (MAR), dated 3/31/16, indicated Resident #19 had diagnoses which included, but were not limited to, Calciphylaxis (syndrome of calcification), and pressure ulcer.</p> <p>A pain care plan reviewed on 3/31/16 at 4:10 p.m., originally dated 1/8/16, and last revised on 3/28/16, indicated Resident #19 had the potential for pain related to multiple wounds and general abdominal pain, the location of the wounds were not specified. A goal indicated Resident #19, "...will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through review date." Interventions indicated, "...administer analgesia as per orders...anticipate the need for pain relief and respond immediately to any complaint of pain...pain is aggravated by wound dressing changes."</p> <p>A physician's order, dated 1/7/16, indicated orders for</p>		<p>week for 60 days to ensure analgesia is offered and pain and discomfort are prevented to the extent possible. The DNS/Designee will review with the IDT weekly in NAR residents Pain assessment with wound dressing change to identify any resident experiencing pain. This will be an ongoing practice of this facility. The DNS will report all findings to the PI committee monthly. The PI committee will determine when 100% compliance is met and if further monitoring will be required.</p>				

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	<p>Hydrocodone-Acetaminophen (narcotic pain medication), give 1 tablet (5-325 milligrams) by mouth every 12 hours as needed for pain.</p> <p>A physician's order, dated 1/7/16, indicated orders for Acetaminophen (pain medication) 325 milligram tablet, give 2 tablets (650 milligrams) every 4 hours as needed for mild pain.</p> <p>A physician's order, dated 3/30/16, indicated orders for OxyCODONE (narcotic pain medication), give 1 tablet (10 milligrams) by mouth two times a day for moderate to severe pain related to pressure ulcer.</p> <p>Resident #19's medication administration record (MAR), dated 3/31/16, and PRN flow sheet were reviewed on 3/31/16 at 11:05 p.m., with RN #2 present. The MAR indicated Resident #19 was administered routine OxyCODONE pain medication at 8:00 a.m. The record lacked documentation the resident had received additional pain medication.</p> <p>During an interview on 3/31/16 at 3:58 p.m., the Director of Nursing (DON), indicated, during a dressing change the staff should stop and assess the resident for pain and treat the pain prior to completing the dressing change.</p>			

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	<p>During an interview on 3/31/16 at 12:30 p.m., LPN #6 indicated she offered pain medication to the resident before the dressing change, LPN #6 also indicated she did not explain to the resident that the dressing was to be changed when she offered her pain medication.</p> <p>During an interview on 04/01/2016 9:27 a.m., LPN #4 , indicated the facility policy was to stop the dressing change and medicate the resident that complained of pain during any treatment, and indicated floor nurses were expected to follow policy.</p> <p>During an interview on 4/1/16 at 12:30 p.m., LPN # 8 indicated that during the dressing change on 3/31/16 when Resident #19 was jumping during the removal of the packing, "There was nothing that I could do but re-dress the wound... I couldn't stop...I need to communicate better with the floor nurse to make sure that the resident had been medicated prior to the dressing change." LPN #8 indicated there was a miscommunication with LPN #6 to be aware that Resident #19 was medicated before treatment. LPN#8 indicated that she had heard QMA #7 ask Resident #19 if she was in pain, and Resident #19 had indicated she was in pain.</p>			

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F 0314 SS=G Bldg. 00	<p>Wound note reviewed on 3/31/2016 at 3:19 p.m., from The Wound Care Specialist of Indiana (WCS), dated 3/24/16, indicated, "there is a large piece of calcium protruding form left hip wound, Scheduled pain med for discomfort. High risk more wounds developing where calcifications can be palpated."</p> <p>A policy titled, "Clean Dressing Change," dated 04/28/2010, was provided by RN #50 on 4/1/2016 at 1:10 p.m., and indicated the following, "...Procedure 1: Medicate the resident at least 30 minutes before the procedure to prevent discomfort, as applicable...."</p> <p>3.1-37 (a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from</p>			

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	<p>developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions to prevent a resident identified at risk for developing pressure from developing a stage 4 (full thickness tissue loss) pressure ulcer and failed to ensure interventions were implemented as ordered to reduce pressure and facilitate wound healing for 2 of 3 residents reviewed for pressure ulcers (Resident C and Resident D).</p> <p>Findings include:</p> <p>1. During an interview on 3/29/16 at 2:48 p.m., Unit Manager (UM) #20 indicated Resident C had a stage 4 (full thickness tissue loss) pressure ulcer on his outer right ankle and a stage 2 (partial thickness loss) pressure ulcer on his sacrum.</p> <p>On 3/29/16 at 12:18 p.m., Resident C was lying on his back on a low air loss (LAL) mattress with his left knee bent and his left foot on the bed. Resident C's right foot was in a prevalon (pressure reducing) boot, but was not floated to prevent the foot from pressing against the mattress. A pillow was observed on the floor by the side of the bed.</p> <p>On 3/29/16 at 2:14 p.m., Resident C was</p>	F 0314	<p>F – 314</p> <p>1. Resident C's right outer ankle pressure ulcer is a stage 3 as of 4/8/2016. Resident C's sacrum is healed as of 4/8/2016 and has a preventative treatment of calmoseptine Q shift and PRN. The plan of treatment continues with Low air loss mattress, turning the resident every two hours and the prevalon boot with a pillow. All interventions have been updated on the C.N.A. assignment sheet. Family and MD are aware of current plan of care. Resident D was admitted to Methodist Hospital from dialysis with chest pain on 4/2/2016.</p> <p>2. All residents at risk for developing pressure have been identified. A Norton Plus Scale for Predicting Risk of pressure ulcers has been completed on all residents. All residents identified at risk or with pressure have interventions implemented per the plan of care and MD order. All pressure reducing interventions have been updated to the plan of care and the C.N.A. assignment sheet.</p> <p>3. All nursing staff have been educated on Prevention and Treatment of Pressure Ulcers and Non-Pressure wounds. All Licensed nurses have been educated on Comprehensive care plans.</p> <p>4. The DNS/IDT will complete audits three times a day for 30 days, then twice daily for 30 days,</p>	04/21/2016

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	<p>lying on his back on the LAL mattress without his heels floated to prevent them from pressing against mattress. A prevalon boot on his right foot.</p> <p>On 4/1/16 from 9:14 a.m. to 9:29 a.m., a dressing change was observed with the Wound Care Nurse (WCN) and Certified Nursing Assistant (CNA) #21. A quarter sized open wound was observed on the outer lateral ankle. The wound base was bright red with a white dot in center. The outer edges were raised and pink. The depth of the wound was approximately 0.25 centimeters (cm). A moderate amount of bloody drainage drained from the wound base after the dressing was removed. Resident C 's sacrum had a white area approximately the size of a pen tip. No open area was observed and the surrounding tissue was pink in color. The WCN indicated the pressure area on the sacrum was almost resolved.</p> <p>On 3/30/16 at 3:51 p.m., Resident C's record was reviewed. The form titled, "Patient nursing evaluation Part 1 (with Braden)," dated 10/16/15, indicated Resident C was at risk for skin breakdown due to being chair bound and having a diagnosis of diabetes.</p> <p>The admission Minimum Data Set (MDS) assessment, dated 10/23/15,</p>		<p>then daily for 30 days to validate pressure reducing interventions are implemented and on the C.N.A. sheet and care plans. These audits will be 7 days a week and on all three shifts. Then the DNS/IDT will complete audits daily for ninety days. All findings will be reported to the PI committee at the monthly PI meeting. The PI committee will determine when 100% compliance is achieved or if further monitoring is required.</p>		

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	<p>indicated Resident C did not have pressure ulcers, but was at risk for developing pressure ulcers. The resident required extensive assistance of 2 people for bed mobility and transfers, and required extensive assistance of 1 person for dressing, eating, toileting, personal hygiene, and bathing. The MDS indicated Resident C was always incontinent of bowel and bladder.</p> <p>The Braden Scale for Predicting Pressure Sore Risk, dated 11/9/15, indicated Resident C had a score of 16 and was at risk for skin impairment due to occasionally being moist, being chairfast, having slightly limited mobility, and friction from moderate to maximum assistance in moving.</p> <p>The care plan titled, "Potential for Skin /tissue integrity, " initiated 10/19/15, indicated staff were to perform weekly skin assessments and change Resident C's position when "toileting, uploading, shifting weight, ambulating or return to bed for rest."</p> <p>A "Weekly Skin Check, " dated 11/24/15, indicated Resident C had a change in skin condition and a new suspected pressure ulcer to the right foot.</p> <p>A "Weekly Pressure Ulcer BWAT</p>			

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	<p>(Bates-Jensen Wound Assessment Tool) Report," dated 11/25/15 indicated Resident C had an unstageable (full thickness loss with depth obscured by slough or eschar) pressure ulcer to the right outer ankle that measured 1.5 centimeters (cm) in length by 0.5 cm in width. The treatment ordered was skin prep (liquid forming dressing) daily and cover with a foam dressing.</p> <p>A report from the wound clinic, dated 12/10/15, indicated Resident C had an unstageable pressure ulcer on his right lateral ankle from a foot drop brace and velcro straps. The wound note indicated, "...Original cause of wound was Pressure Injury...The wound measures 1.7 cm length x (by) 3.6 cm width x 0.1 cm depth...There is a large...amount of necrotic tissue within the wound bed including Eschar (dead tissue) and Adherent Slough (yellow fibrinous tissue)...Post debridement Stage noted as Category/Stage 3 (full thickness skin loss)...."</p> <p>A wound clinic note, dated 12/17/15, indicated an unstageable pressure ulcer on his right ankle measured 2 cm in length by 3.3 cm in width by 0.2 cm in depth, and had a large amount of necrotic tissue within wound. The wound note indicated the plan of treatment would</p>			

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	<p>include a low air loss mattress, turning the resident every 2 hours, and a prevalon boot.</p> <p>The wound clinic note, dated 12/31/15, indicated Resident C had an unstageable pressure to his right outer ankle and measured 2.2 cm length by 3.9 cm width by 0.1 cm depth. The wound note indicated the wound had a large amount of necrotic tissue present. The wound note indicated, "PLEASE FLOAT THE ANKLE AND FOOT OFF OF THE BED EVEN IF THE PREVALON BOOT IS ON. PLACE A PILLOW UNDER THE LEG FROM THE KNEE TO JUST ABOVE THE ANKLE. HIS LATERAL ANKLE SHOULD NOT BE TOUCHING ANY SURFACES. THIS IS KEY TO HEALING HIM."</p> <p>A "Weekly Pressure Ulcer BWAT Report," indicated the pressure ulcer to the right outer ankle was documented as stage 4 (full thickness tissue loss) on 3/14/16 and measured 1.5 cm in length by 1.5 cm in width by 0.3 cm in depth.</p> <p>The "Weekly Pressure Ulcer BWAT Report," indicated Resident C acquired a stage 2 (partial thickness) pressure ulcer to his sacrum on 12/25/15. The record indicated the pressure ulcer measured 2 cm in length by 0.5 cm in width by 0.1</p>			

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	<p>cm in depth and Calazime (ointment) was ordered every shift and as needed.</p> <p>Wound measurements documented on the "Weekly Pressure Ulcer BWAT Report," indicated the pressure ulcer to his sacrum were:</p> <p>a. 1/1/16: 2.0 cm in length by 0.5 cm in width by 0.1 cm in depth.</p> <p>b. 1/8/16: 2.0 cm in length by 2.0 cm in width by 0.1 cm in depth.</p> <p>c. 1/22/16: 2.0 cm in length by 1.3 cm in width by 0.1 cm in depth.</p> <p>d. 1/29/16: 1.5 cm in length by 1.3 cm in width by 0.1 cm in depth.</p> <p>e. 2/5/16: 1.5 cm in length by 1.5 cm in width by 0.1 cm in depth.</p> <p>f. 2/12/16: 1.4 cm in length by 1.4 cm in width by 0.1 cm in depth.</p> <p>g 2/19/16: No measurements were documented.</p> <p>h. 2/29/16: 1.6 cm in length by 1.2 cm in width by 0.1 cm in depth.</p> <p>i. 3/7/16: 2.0 cm in length by 1.5 cm in width.</p> <p>j. 3/14/16: 0.7 cm in length by 0.7 cm in width by 0 cm in depth.</p> <p>k. 3/24/16: 0.2 cm in length by 0.2 cm in width by 0.1 cm in depth</p> <p>An " Actual alteration in skin integrity " care plan, initiated 2/15/16, indicated, " ...Administer medications per physician order...Monitor for signs and symptoms</p>			

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	<p>of infection and report to physician for care and treatment or debride...Pressure redistribution to bed/chair...provide meals per physician order...RD will monitor and evaluate nutritional intake and condition of wound and make recommendations as indicated...."</p> <p>The Wound Care Specialists of Indiana (WCS) note, dated 3/17/16, indicated Resident C had a stage 2 pressure ulcer to his sacrum and measured 0.5 cm in length by 0.5 cm width by 0.1 cm depth. The WCS note indicated Resident C had a stage 4 (full thickness tissue loss) pressure ulcer to the right lateral ankle with tendon exposed, undermining present with a maximum distance of 0.3 cm, and the wound measured 1.5 cm length by 2 cm width by 0.2 cm depth. The wound note ordered Prisma (medicated dressing) to be applied to the wound bed.</p> <p>The Wound Care Specialists of Indiana (WCS) note, dated 3/24/16, indicated Resident C had stage 2 pressure ulcer to his sacrum and measured 0.2 cm in length by 0.2 cm width by 0.1 cm depth. The WCS note indicated Resident C had a stage 4 (full thickness tissue loss) pressure ulcer to the right lateral ankle with tendon exposed, undermining present with a maximum distance of 0.2</p>			

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 04/01/2016
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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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	<p>cm, and the wound measured 1.8 cm length by 1.8 cm width by 0.2 cm depth.</p> <p>Physician orders indicated pressure reducing devices were ordered for the bed and chair on 10/16/15. On 12/3/15, a physician ' s order indicated, "Prevalon boot to R (right) foot as tolerated to off load heel. Ankle to be floated...Pillow/Boot...." The physician ' s recapitulation order, dated 12/24/15, indicated a low air loss mattress was ordered. On 2/18/15, a physician ' s order indicated, "Float the Ankle and foot off the bed even if the prevalon boot is on. Place a pillow under the leg from the knee to just above the ankle. His lateral ankle should not be touching any surfaces." The physician orders, as of review date 3/30/16, indicated Resident C had orders including, but not limited to the following: "Cleanse area with normal saline, pat dry, apply skin prep to outer edges of wound, apply fluffed gauze with hydrogel (ointment) to wound bed. Cover with kerlix and secure with tape every day shift for open area...Cleanse area, pat dry, apply calmoseptine (moisture barrier cream) to coccyx/buttocks every shift...Enteral Feed, every 4 hours related to Dysphagia...weekly weights...Protein Modular liquid one time a day healthy shot 74 ml bottle once daily via G (gastrostomy) tube...."</p>			

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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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	<p>The 100 hall CNA Daily Assignment sheet, provided by CNA #31 on 3/31/15 at 9:31 a.m., did not indicate pressure ulcer interventions for Resident C.</p> <p>During an interview on 4/01/16 at 9:31 a.m., Certified Nursing Assistant (CNA) # 21 and CNA #22 indicated Resident C required extensive assistance of 2 people for turning and repositioning. CNA #22 indicated Resident C was able to move and kick his left leg, but he was unable to move his right leg.</p> <p>During an interview on 4/01/16 at 9:59 a.m., the Wound Care Nurse (WCN) indicated she was unsure how the pressure area on Resident C ' s his right ankle had developed. The WCN indicated Resident C ' s care plan should have been updated to include interventions in place for reducing pressure.</p> <p>2. During an interview on 3/29/16 at 10:53 a.m., Licensed Practical Nurse (LPN) #30 indicated Resident D was admitted to the facility with pressure ulcers to her heel and coccyx.</p> <p>During observations on 3/30/16 at 9:44 a.m., 10:25 a.m., 12:20 p.m., and 2:20 p.m., Resident D was observed</p>			

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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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	<p>positioned on her back on an air loss mattress. Her right heel was offloaded with a pillow. A boot was not observed on her foot.</p> <p>During an observation on 3/31/16 at 8:00 a.m., Resident D was observed positioned slightly lifted off her right side. Her heel was elevated on a pillow. A boot was observed on her right foot.</p> <p>During a dressing change observation on 3/31/16 at 9:23 a.m., with the Wound Care Nurse present, Resident D was observed in bed positioned in bed on her back. Resident D's wound was observed to cover most of her right heel, the wound bed was black with some slough, and had a small amount of serosanguinous drainage with no odor.</p> <p>Resident D's record was reviewed on 3/28/16 at 1:48 a.m. Resident D had diagnoses which included, but were not limited to, left above the knee amputation, diabetes, end stage renal disease, stage 4 pressure ulcer to her sacrum, and an untraceable ulcer to her right heel.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/7/16, indicated Resident D admitted to the facility with a stage 4 pressure ulcer and an unstageable</p>			

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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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	<p>pressure ulcer. The MDS indicated she was at risk for acquiring pressure ulcers, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, required extensive assistance of two staff for bed mobility, and did not exhibit behaviors of rejecting care.</p> <p>A weekly pressure ulcer report, dated 3/14/16, indicated Resident D's heel was an unstageable pressure ulcer which pressured 5 centimeters (cm) length (L) X 4.8 cm width (W) X 0.1 cm depth (D). A weekly pressure ulcer report, dated 3/17/16, indicated Resident D's heel was an unstageable pressure ulcer which measured 4.5 (L) cm X 5 (W) cm X 0 (D). A weekly pressure ulcer report, dated 3/24/16, indicated Resident D's measurements had not changed since the previous weeks measurements on 3/17/16.</p> <p>A physician's order, dated 3/29/16, indicated an order for a "prevalon boot" (a pressure relieving boot) to Resident D's right heel every shift. The order indicated the boot may be removed for care and/or skin assessments.</p> <p>A wound care plan, dated 3/29/16, indicated Resident D had wounds to her sacrum and to her heel that were classified a "pressure." A goal indicated</p>			

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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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	<p>the wounds would not be complicated with infection. Interventions to meet this goal included treatments and medications as ordered, pressure relieving/reducing mattress to bed, provide pressure relief to areas as tolerated, and consult with dietician. The care plan lacked indication Resident D needed the prevalon boot intervention.</p> <p>A Certified Nursing Assignment sheet, identified as current by Certified Nursing Assistant (CNA) #31 on 3/31/16 at 9:50 a.m., lacked indication Resident D needed the prevalon boot intervention.</p> <p>During an interview on 3/31/16 at 9:46 a.m., the Wound Care Nurse indicated unless Resident D refused she should have had the prevalon boot on at all times except during care. She indicated she was unaware of an explanation as to why she did not have it on as ordered. She indicated rejection of care should be documented in the medical record.</p> <p>During an interview on 3/31/16 at 9:50 a.m., Certified Nursing Assistant (CNA) #31 indicated the CNA assignment sheet was where she would find resident care needs.</p> <p>During an interview on 3/31/2016 at 9:52 a.m., indicated she was assigned to</p>			

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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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	<p>Resident D and the boot was on her right heel when she came on for the day shift. She indicated she referred to the CNA assignment sheet to obtain resident specific care needs. She indicated Resident D exhibited pain when repositioned in bed but had not exhibited rejection of care behaviors.</p> <p>A care plan policy identified as current by Registered Nurse (RN) #50 on 4/1/16 at 2:00 p.m., indicated, "...A comprehensive care plan is developed consistent with the patients' specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetable 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 the patient's condition...."</p> <p>During an interview on 4/01/16 at 11:06 a.m., UM #20 indicated the CNA assignment sheet should include information for each resident such as any devices they require, diet, level of assistance required, shower days, if they wear glasses, and any specific likes or preferences. UM #20 indicated she was aware the current CNA assignment sheets were incomplete and was in the process</p>			

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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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	<p>of updating the CNA assignment sheets.</p> <p>A "Prevention and Treatment of Pressure Ulcers and Non Pressure Related Wounds policy," identified as current by RN #50 on 4/1/16 at 2:00 p.m., indicated, "...The facility has a system and procedures in place to promote the prevention of pressure ulcer development, promote the healing of pressure ulcers that are present (including prevention of infection to the extent possible), and prevent development of additional pressure ulcers unless clinically unavoidable... Patients are identified as a risk for skin related issues such as: moisture associated skin damage, skin tears, or other non-pressure skin related issues upon admission and at designated intervals throughout the patients stay. Pressure ulcer and other wound and skin related interventions are created in collaboration with the interdisciplinary team and implemented in order to identify, prevent or reduce the risk of acquiring pressure and/or non pressure related wounds or skin issues...the facility individualizes and maintains care plan interventions as appropriate to address identified risk factors...."</p> <p>This Federal tag relates to complaint IN00193928.</p>			

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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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F 0406 SS=D Bldg. 00	<p>3.1-40(a)(1) 3.1-40(a)(2)</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on interview and record review, the facility failed to follow residents Pre-Admission Screening and Annual Record Review (PASARR) level II recommendations for 1 of 1 resident reviewed for PASARR level II services (Resident A).</p> <p>Finding includes:</p> <p>Resident A's record was reviewed on 03/30/2016 at 2:56 p.m. Diagnoses</p>	F 0406	F 406 1. PAS has been notified and a new Level II has been ordered for Resident A. 2. All Current residents who have a Level II have been reviewed for any outpatient Geri-psych or mental hospital stays. Any resident found to have exacerbation of an acute mental illness will be referred back to Cicoo for review of an updated Level II through PASSARR. 3. Both Social Service Directors have been in serviced and completed training through a	04/21/2016	

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 04/01/2016
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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	<p>included, but were not limited to, anxiety disorder, schizoaffective disorder, and bipolar disorder.</p> <p>A PASARR level II agreement, dated 9/22/2010, indicated Resident A had psychiatric diagnosis which included schizoaffective disorder/bipolar type, was mentally ill, and did not need inpatient mental health services. The PASARR indicated she needed continued mental health services but did not need continued annual level II assessments unless she "decompensates."</p> <p>A review of a Neuro Psychiatric Hospital history and physical exam, dated 12/23/15, indicated Resident A was admitted to an acute care psychiatric hospital for exacerbation of an acute manic episode. The note indicated she had been exhibiting increased agitation, had become combative with staff, and non compliant with care at the skilled nursing facility. The note indicated she was treated at the acute psychiatric hospital from 12/23/15 through January 26, 2016, then released back to the long term care facility.</p> <p>During an interview on 04/01/2016 at 8:35 a.m., the unit manager indicated staff were monitoring Resident A for increased behaviors that included yelling,</p>		<p>Webinar PAS/PASRR Assessment Pro System and Overview. 4. The ED/Designee will monitor weekly all admissions and current resident 1X wky times 30 days and then 1X biweekly times 30 days then 1X monthly for 30 days with all audits to be reviewed by PI monthly for recommendations or continued monitoring</p>		

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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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	<p>cursing, throwing things, hallucinations, false accusation, anger, anxiousness, and repetitiveness.</p> <p>During an interview on 04/01/2016 at 9:59 a.m., the Social Service Director (SSD) indicated Resident A had exhibited an increase in behaviors and signs and symptoms of decompensation since her last assessment. She further indicated because of the decompensation she should have had another Level II screening as recommended in her 2010 Level II. She indicated she failed to initiate the required Level II.</p> <p>A current policy titled Pre-Admission Screening for Mental Health/Mental Retardation, received by the Staff Development Coordinator on 04/01/2016 at 10:45 a.m., indicated, "...A patient is not admitted with MI or MR,...unless the state mental health/mental retardation or development disabilities authority has determined that placement in the center is appropriate, and if specialized MI/MR services are needed. Mental retardation and mental illness are ruled out in all applicants for admission to skilled care prior to admission...."</p> <p>3.1-23(a)(1)</p>			

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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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F 0441 SS=D Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and</p>			
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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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	<p>transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a blood pressure cuff and blood glucose monitoring machine were sanitized after use on 3 of 6 residents observed for infection control during medication administration (Residents #22, #192, and #127).</p> <p>Finding includes:</p> <p>During continuous observations from 3/31/2016 at 8:12 a.m. to 9:20 a.m., Licensed Practical Nurse (LPN) #3 was observed administering medications. At 8:28 a.m., LPN #3 entered Resident #22's room with a portable blood pressure monitor. LPN #2 obtained Resident #22's blood pressure then exited the room with the blood pressure monitor. LPN #3 proceeded to sanitize his hands and prepared medication for Resident #192. Without sanitizing the blood pressure cuff, at 8:46 a.m., LPN #3 entered Resident #192's room with the blood pressure monitor and obtained Resident #192's blood pressure.</p> <p>At 8:59 a.m., with Infection Control Nurse #5 present, Resident #127's room door was observed to have a sign posted which directed staff and visitors to see a</p>	F 0441	<p>F- 441</p> <p>1. Resident #192 discharged home without an infection on 4/1/2016. Resident #22 has no active infection and was not harmed. Resident # 127 remains in contact isolation and was not harmed. Resident #127 has dedicated equipment in her room.</p> <p>2. All residents needing a blood pressure reading or accu-check obtained have the potential to be affected. Licensed Nurse # 3 was removed from the schedule and returned to work after completing education on Infection Control practices.</p> <p>3. All nursing staff have been educated on Infection control practices.</p> <p>4. All licensed nurses have completed a skills competency validation on Blood glucose monitoring with emphasis on infection control practices. The DNS/Designee will make infection control rounds twice daily for 30 days, then once daily for 30 days, then three times a week for 30 days. Then the infection control rounds will be completed twice a week for 30 days, then weekly for 60 days. All findings will be reported in the monthly PI meeting and the PI committee will determine when 100% compliance is achieved and if further monitoring is required.</p>	04/21/2016

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 04/01/2016
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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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	<p>nurse before entering the room. A bag with personal protective equipment was observed hanging on the door. Without putting on personal protective equipment, LPN #3 walked into Resident #127's room, approached her bed and placed an accu-check (blood sugar) device on the bedside table. He returned to the doorway and began to put on personal protective equipment. After donning gloves, mask, and a gown, he reproached Resident #127's bed and proceeded to administer medications. Resident #127 was observed in bed with a tracheotomy (incision in the wind pipe to relieve obstructions to breathing) in place. After LPN administered medications via a gastromy (feeding tube), he picked up the accu-check device and placed it on Resident #127 bed next to her pillow. After he obtained her blood sugar level he put the accu-check device in his scrub pocket and removed his gloves, gown, and mask and washed his hands. At 9:09 a.m., LPN #3 exited Resident #127's room, with his bare hands removed the contaminated accu-check device and placed it on the medication cart, then proceeded to remove an insulin pen from the medication cart.</p> <p>Resident #127's record was reviewed on 3/31/16 at 10:44 a.m. Resident #127 had diagnoses, which included, but were not</p>			

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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>limited to Clostridium Difficile (C-diff) and Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>An isolation precaution care plan initiated on 1/19/16 and updated on 3/31/16, indicated Resident #127 required isolation precautions related to an infectious disease "MRSA" and C-diff. Interventions indicated isolation precautions would be implemented.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/6/16, indicated Resident #127 was "always" incontinent of bladder and bowel.</p> <p>A physician's order, dated 3/7/16, indicated an order for contact isolation for MRSA in sputum. A physician's order, dated 3/30/16, indicated medications ordered for the diagnosis of C-diff.</p> <p>During an interview on 3/31/16 at 9:00 a.m., LPN #3 indicated Resident #127 was on contact isolation for C. diff. He indicated he was unaware of her isolation precautions for her diagnosis of MRSA in her sputum.</p> <p>During an interview on 3/31/2016 at 9:11 a.m., Infection Control Nurse #5 indicated the accu-check device should</p>			

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	<p>have been sanitized prior to leaving Resident #127's room. She further indicated patient equipment including blood pressure cuffs should have been sanitized in between patient use.</p> <p>During an interview on 3/31/16 at 9:10 a.m., LPN indicated the blood pressure cuff should have been sanitized in between resident use. When queried regarding procedures for equipment used in an isolation room, he was unable to indicate facility procedures.</p> <p>A Clostridium Difficile Infection policy identified as current by Corporate Nurse Consultant #1 on 3/31/16 at 11:34 a.m., indicated, "...Use enteric contact precautions plus standard precautions with patients that have diarrhea...Implement an environmental cleaning and disinfection strategy: Validate adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently...Use an Environmental Protection Agency (EPA)-registered hypochlorite-based disinfectant for environmental surface disinfection after cleaning in accordance with label instructions; generic sources of hypochlorite (e.g., household chlorine bleach) also may be appropriately diluted</p>			

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	<p>and used... Responsible disciplines Licensed Nurse, Direct Care Givers, Interdisciplinary Team Members... Due to the degree to which the environment becomes contaminated with spores of C-difficile and the potential soiling and contamination of clothing and hands, put on a gown and gloves before entering the patient's room when caring for the patient. C. diff infection can spread from person-to person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors. 1) plan services to be provided when entering the patient's room. 2) If anticipating clothing will have direct contact with potentially contaminated environmental surfaces or equipment in close proximity to the patient, don a gown and gloves...after handling potentially contaminated items... c. dedicate equipment whenever possible or use disposable (e.g., temperature strips instead of rectal thermometers, etc.). If unable to dedicate equipment, disinfect the equipment per manufacture's guideline after leaving the patient's room. d. Make sure any reusable equipment used is disinfected before it's used on another patient..."</p> <p>3.1-18(a)</p>			

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