

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 05/19/2011
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DRIVE GREENFIELD, IN46140		
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F0000	<p>This visit was for the Investigation of Complaint IN00090533.</p> <p>Complaint IN00090533 - Substantiated. Federal/state deficiencies related to the allegation are cited at F-223</p> <p>Survey date: May 19, 2011</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Survey team: Leslie Parrett RN TC</p> <p>Census bed type: SNF/NF: 149 Total: 149</p> <p>Census payor type: Medicare: 27 Medicaid: 92 Other: 30 Total: 149</p> <p>Sample: 3</p> <p>Kindred Transitional Care and Rehabilitation was found to be in substantial compliance with 42 CFR Part 483 Subpart B.</p>	F0000			

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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F0223 SS=A	<p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/25/11 by Suzanne Williams, RN</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to ensure residents were free of abuse for 1 of 1 allegation of abuse reviewed in a sample of 3 residents, related to a CNA taking a picture of a residents buttocks with feces on it and posting the picture on Facebook, which was viewed by four other staff members. (Resident A)</p> <p>Findings include:</p> <p>On 5/19/11 at 11:55 a.m. review of Resident #A's record indicated his diagnoses included, but were not limited to, simple schizophrenia-unspecified, depressive disorder, paraplegia and anxiety disorder.</p> <p>Resident #A's Minimum Data Set (MDS) assessment, dated 1/13/11, indicated - Cognitive/Decision making- Resident</p>	F0223	<p>June 3, 2011</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>Dear Kim Rhodes,</p> <p>On May 19, 2011, 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 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</p>	05/20/2011	

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	<p>was able to complete interview with correct answers.</p> <p>- Mobility- total dependence, assistance of 2 persons required.</p> <p>Review of an Incident Report dated 5/6/11, no time noted, for Resident # A indicated Staff Involved: CNA #1 and CNA #2 Brief Description of Incident: "On 5/6/11 at approximately 10:30 a.m. reporting CNA, [CNA #2] stated [CNA #1] said she was going to take a picture of resident's BM (bowel movement), while she was helping [CNA #2] with resident. [CNA #2] told her not to. During [CNA #2's] break she checked her phone/Face Book and saw the picture of the resident's bottom with a BM next to it. [CNA #2] immediately reported this to her nurse and to the Staffing Coordinator. Staffing Coordinator...viewed photo on Face Book page that was shown to her by [CNA #2]. Other staff that saw picture on Face Book: [CNA #3 and CNA #4]."</p> <p>Alleged Perpetrators Interview on 5/6/11, no time noted - "During initial interview [CNA #1] did not admit to taking picture. During second interview CNA admitted to picture and posting it on Face Book. [CNA #1] was terminated...."</p> <p>Interview on 5/19/11 at 11:00 a.m. with</p>		<p>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 May 20, 2011. 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.</p> <p>Thank you for your assistance with this matter. Please call me if you have any questions.</p> <p>Sincerely,</p> <p>Monica J Pearson, HFA Administrator (317) 462-3311 Based on investigation, an allegation of C.N.A. #1 posting a picture of Resident A's bottom showing feces on social networking site, Facebook was substantiated.</p>		

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	<p>the Staffing Coordinator indicated "[CNA #2] showed me the picture, I could not recognize the resident but was told by [CNA #2] that it was [Resident #A]. I went straight to DON's office and reported it to her."</p> <p>On 5/19/11 at 11:05 a.m., interview with CNA #4 indicated "I was a Face Book friend and had access to [CNA #1's] Face Book, as I was scrolling through contacts I saw the picture, briefly, and [CNA #1] told me the picture was of [Resident #A]."</p> <p>Interview with Resident #A on 5/19/11 at 3:05 p.m. indicated "staff are good to me, I have no problems with the staff or their care of me."</p> <p>Interview with DON on 5/19/11 at 3:15 p.m. indicated the Staffing Coordinator reported the incident to her and "I removed [CNA #1] from the floor immediately and interviewed her, at first she denied it. I interviewed the other CNAs then re-interviewed [CNA #1] again and she admitted to taking the picture and posting it on Face Book. She was terminated right there and then." The DON indicated [CNA #1] did not have any contact with any of the residents once she was removed from the floor.</p> <p>Review of CNA #1's employee record on</p>		<p>What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ul style="list-style-type: none"> · Investigation initiated. ○ Family notified ○ Physician notified ○ Resident informed ○ Facility corporate management notified along with corporate legal representatives · C.N.A was questioned and suspended until completion of investigation. C.N.A. was subsequently terminated and report made to the C.N.A. licensing board · Resident is receiving ongoing monitoring by Social Services and by Psychiatrist <p>How will you identify other resident(s) having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Residents who where competent to be interviewed, where interviewed by Social Services using questions derived from the Abaqis review program. · 20 resident's who where not interviewable, had family members interviewed by Social Services using questions derived from the Abaqis review program. · No other residents were identified as having been affected by the same alleged practice. <p>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient</p>		

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	<p>5/19/11 at 12:50 p.m. indicated she had training on abuse.</p> <p>On 5/19/11 at 10:50 a.m. the DON provided the Social Media Communications Policy, which indicated "The Internet provides unique opportunities to participate in interactive discussions and share information using a variety of social media, such as email discussion groups, blogs or chat rooms, Facebook, Twitter, MySpace, LinkedIn, Flickr, Digg and LiveJournal ("social media"). ----- recognizes that the information, comments and opinions placed on social media sites and blogs can shape the way the public views our delivery of care and treatment to residents, our employees and contractors. The Company is committed to ensuring that the use of such communications serves the needs of our business by maintaining the Company's identity, integrity, and reputation in a manner consistent with our values and policies."</p> <p>"Proprietary and Confidential Information: All other Company rules and policies that prohibit disclosure or misuse of confidential, proprietary, and trade secret information apply in full to blogs and social media. This includes, but is not limited to, information about residents, or</p>		<p><i>practice does not recur?</i></p> <ul style="list-style-type: none"> · Staff members received in-servicing on Abuse policy, "Guidance on Staff to Resident Abuse", "Social Media Communications Policy", "Personal Wireless Communications Device Use" with in the facility, and prohibition of any unauthorized photos within the facility. · Any Staff member who is found violating any of these policies, including the "Personal Wireless Communications Device Use" which prohibits any staff member from having a cell phone in a resident care area, will receive disciplinary action up to and including termination. · Staff will receive review of said policies monthly x 6 months and then quarterly there after. <p><i>How will the corrective actions(s) be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put in place?</i></p> <ul style="list-style-type: none"> · Audit tool will be completed monthly x 3 months and until in substantial compliance. o Audit will include interviewing of residents related to resident care and staff use of cell phones during resident care. · Results of audits will be reported in the monthly Quality Improvement meeting. · The Executive Director and the Director of Nursing will insure compliance. 		

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	<p>their families and visitors...."</p> <p>Review of a document titled " Nursing Center Division, November 2010 provided by the DON on 5/19/11 at 10:50 a.m. indicated: "The following guidelines apply: Personal Wireless Communication Device Use Personal wireless communication devices (including cell phones with cameras), text messaging devices, personal digital assistants, smart phones and pagers may not be used or remain on while you are on duty without advance approval from your Executive Director/CEO. When use is approved in advance, employees may only use personal wireless communications devices in designated areas and at designated times. Cameras on cell phones or other devices may not be used at any time at work locations or while attending business functions...."</p> <p>"No employee may photograph or record patients, residents, family members, visitors, other employees (including supervisors) or contractors by using cell phones, tape recorders, video recorders or any other device that can be used to capture an image or voice without prior written authorization from the family member, visitor, patient, resident or the patient's or resident's legally responsible</p>				

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	<p>party and the Executive Director/CEO. Only individuals authorized by the Executive Director/CEO may photograph or record images or sounds of faculty premises or employees...."</p> <p>This federal tag relates to complaint IN00090533.</p> <p>3.1-27(a)(1)</p>				