

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177353.</p> <p>Complaint IN00177353-Substantiated. Federal/State deficiencies related to the allegation are cited at F278 and F315.</p> <p>Survey dates: July 22 and July 23, 2015</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census bed type: 98 SNF/NF: 98 Total: 98</p> <p>Census Payor type: Medicare: 12 Medicaid: 68 Other: 18 Total: 98</p> <p>Sample: 10</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required. August 1, 2015 ISDH ATT: Kim Rhoades Director of Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204 RE: Survey Event IDYZ8M11 Kindred Transitional Care and Rehabilitation Castleton 5226 East 82nd Street Indianapolis, Indiana 46250 Dear Kim Rhoades: On July 23-2015 a survey team from the Indiana State Department of Health conducted a Complaint (IN00177353) Survey at Kindred Transitional Care and Rehabilitation Allison Pointe. Please find the submitted Statement of Deficiencies with the facility's Plan of Correction for these alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. This letter is our formal request for a desk review that the facility has achieved substantial compliance with the applicable requirement as of the date set forth in the Plan of Correction of August 22, 2015.</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 0278 SS=E Bldg. 00	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure that the Minimum Data Set assessment was</p>	F 0278	<p>Please feel free to call me with any further questions at (317)842-6668. Respectfully submitted, Keary Dye Executive Director</p> <p>F278-E 1. Residents #6001, #6004, #6005, #6006 and #6007 were re-assessed and modifications completed to</p>	08/22/2015

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	<p>accurate related to pressure ulcer assessments for 5 of 5 residents reviewed for pressure ulcers in a sample of 10. (Residents #6001, #6004, #6005, #6006, and #6007)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #6001 was reviewed on 7/22/2015 at 12:00 p.m. Diagnoses included, but were not limited to, anemia, hypertension, and chronic obstructive pulmonary disease.</p> <p>The admission and Prospective Payment System (PPS) 5 day Minimum Data Set (MDS) assessment, with a reference date of 5/26/2015, and the PPS 14 day MDS assessment, with a reference date of 6/2/2015, indicated Resident #6001 had a turning and repositioning program for skin and pressure ulcer treatment. The clinical record did not indicate that the resident had a specific turning and repositioning program.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., the Director of Nursing indicated that the facility did not have a specific turning and repositioning program for skin and pressure ulcer treatment and that the facility did not have a policy and procedure for a turning and repositioning program. During an</p>		<p>ensure the residents' status was accurately reflected. 2. An audit of assessments, (Section M of the Minimum Data Set), completed over the last quarter that included those residents with pressure ulcers was completed to determine accuracy with coding. Any identified area of concern was immediately corrected 3. An inservice was provided to the interdisciplinary team on coding the RAI's correctly with a focus on section M-Skin conditions The Director of Nursing/designee will review two resident records weekly to determine compliance with RAI coding accuracy related to Section M- Skin Conditions of the MDS. Identification of any inaccuracies in coding will be immediately corrected and additional education provided. 4. The responsible party for this plan of correction is the Executive Director/designee. Review of the RAI audits will be taken to the next Performance Improvement meeting and for six months thereafter and or until the Committee determines 100% compliance has been achieved. 5. Date of Correction 8-22-2015</p>	

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	<p>interview on 7/23/2015 at 11:30 a.m., MDS Coordinator #3, indicated that the admission and PPS 5 day MDS assessment, with a reference date of 5/26/2015, and the PPS 14 day MDS assessment, with a reference date of 6/2/2015, for Resident #6001 were not coded accurately.</p> <p>2. The clinical record for Resident #6004 was reviewed on 7/23/2015 at 9:00 a.m. Diagnoses included, but were not limited to, anemia, coronary artery disease, and congestive heart failure.</p> <p>The admission and PPS 5 day MDS assessment, with a reference date of 5/30/2015, indicated Resident #6004 had a turning and repositioning program for skin and pressure ulcer treatment. The clinical record did not indicate that the resident had a specific turning and repositioning program.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., the Director of Nursing indicated that the facility did not have a specific turning and repositioning program for skin and pressure ulcer treatment and that the facility did not have a policy and procedure for a turning and repositioning program. During an interview on 7/23/2015 at 11:30 a.m., MDS Coordinator #3, indicated that the</p>			

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	<p>admission and PPS 5 day MDS assessment, with a reference date of 5/30/2015, for Resident #6004 was not coded accurately.</p> <p>3. The clinical record for Resident #6005 was reviewed on 7/22/2015 at 3:45 p.m. Diagnoses included, but were not limited to, anemia, diabetes and chronic obstructive pulmonary disease.</p> <p>The admission and PPS 5 day MDS assessment, with a reference date of 5/29/2015, and the PPS 14 day MDS assessment, with a reference date of 6/5/2015, indicated Resident #6005 had a turning and repositioning program for skin and pressure ulcer treatment. The clinical record did not indicate that the resident had a specific turning and repositioning program.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., the Director of Nursing indicated that the facility did not have a specific turning and repositioning program for skin and pressure ulcer treatment and that the facility did not have a policy and procedure for a turning and repositioning program. During an interview on 7/23/2015 at 11:30 a.m., MDS Coordinator #3, indicated that the admission and PPS 5 day MDS assessment, with a reference date of</p>			

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	<p>5/29/2015, and the PPS 14 day MDS assessment, with a reference date of 6/5/2015, for Resident #6005 were not coded accurately.</p> <p>4. The clinical record for Resident #6007 was reviewed on 7/22/2015 at 2:45 p.m. Diagnoses included, but were not limited to, anemia, hypertension, and diabetes mellitus.</p> <p>The admission and PPS 5 day MDS assessment, with a reference date of 6/12/2015, indicated that the most severe tissue type for any pressure ulcer for Resident #6007 was granulation tissue. The Weekly Pressure Ulcer Report, dated 6/12/2015, indicated the most severe tissue type for any pressure ulcer was necrosis.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., MDS Coordinator #3, indicated that the admission and PPS 5 day MDS assessment, with a reference date of 6/12/2015, for Resident #6007 was not coded accurately.</p> <p>The PPS 14 day MDS assessment, with a reference date of 6/19/2015, indicated Resident #6007 had a turning and repositioning program for skin and pressure ulcer treatment. The clinical record did not indicate that the resident</p>						

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	<p>had a specific turning and repositioning program.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., the Director of Nursing indicated that the facility did not have a specific turning and repositioning program for skin and pressure ulcer treatment and that the facility did not have a policy and procedure for a turning and repositioning program. During an interview on 7/23/2015 at 11:30 a.m., MDS Coordinator #3, indicated that the PPS 14 day MDS assessment, with a reference date of 6/19/2015, for Resident #6007 was not coded accurately.</p> <p>5. The clinical record for Resident #6006 was reviewed on 7/22/2015 at 12:30 p.m. Diagnoses included, but were not limited to, coronary artery disease, hypertension, renal insufficiency, diabetes, and peripheral vascular disease.</p> <p>The admission MDS, with a reference date of 5/28/2015, indicated Resident #6006 had a turning and repositioning program for skin and pressure ulcer treatment. The clinical record did not indicate the resident had a specific turning and repositioning program.</p> <p>During an interview on 7/23/2015 at 11:30 a.m., the Director of Nursing indicated the facility did not have a</p>				

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F 0315 SS=D Bldg. 00	<p>specific turning and repositioning program for skin and pressure ulcer treatment and the facility did not have a policy and procedure for a turning and repositioning program.</p> <p>This Federal tag relates to complaint IN00177353.</p> <p>3.1-31(i)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, record review and interview, the facility failed to ensure that there was supporting clinical indication for use of an indwelling urinary catheter for 1 of 4 residents reviewed for use of indwelling urinary catheter in a sample of 10. (Resident #6003)</p> <p>Findings include:</p>	F 0315	<p>F 315D</p> <p>1. Resident #6003 physician wasnotified with request for evaluation related to ongoing incontinence. Order received for urology consult. Diagnosis received for severeimpairment/decrease in mobility related to spinal compression fractures/osteoporosiswhich causes increased pain and</p>	08/22/2015

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	<p>On 7/22/2015 at 11:50 a.m., Resident #6003 was observed with an indwelling urinary catheter.</p> <p>The clinical record for Resident #6003 was reviewed on 7/22/2015 at 2:53 p.m. Diagnoses included, but were not limited to, hypertension, osteoporosis, depression, and chronic urinary tract infections.</p> <p>The clinical record indicated that the resident had an indwelling catheter inserted on 3/3/2015. The Medical Justification for Catheter Use assessment for Resident #6003, dated 3/3/2015, indicated the reason for the indwelling urinary catheter was cystitis, many trips to the toilet with minimal or no output noted, and painful urination. The assessment indicated resident had low fluid intake and chronic urinary tract infections with multiple antibiotic therapies.</p> <p>The clinical record did not indicate evaluations were completed to address reason for incontinence and did not indicate interventions other than the indwelling catheter were attempted to reduce incontinence.</p> <p>The clinical record did not indicate supporting evidence for the use of an</p>		<p>discomfort with frequent movement. Pain medications were additionally reviewed.</p> <p>2. Audits were conducted to identify those residents with catheters had appropriate diagnosis, medical justification and current updated care plans. Any identified concerns were immediately corrected.</p> <p>3. Residents will be assessed upon admission, quarterly, annually, and with significant changes. Those residents identified to have indwelling catheters will be reviewed during regularly scheduled clinical meetings to determine that supporting clinical indication for use is present and current as well as updated care plans and interventions. Identified areas of concern will be immediately addressed. Licensed nursing staff will be serviced on the components of F315 Urinary Catheters.</p> <p>4. The responsible party for this plan of correction will be the Director of Nursing/designee. Issues identified during daily clinical meetings that involve urinary catheter usage will be discussed during the next Performance Improvement Meeting and monthly thereafter for 6 months, or until the</p>		

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	<p>indwelling catheter related to urinary retention, contamination of a stage 3 or a stage 4 pressure ulcer, terminal illness, or severe impairment which made positioning uncomfortable.</p> <p>During an interview on 7/22/2015 at 4:00 p.m., Director of Nursing (DON) indicated that the resident had chronic urinary tract infections and possible cystitis. DON indicated that the resident had multiple falls getting up to toilet, especially during the night, before the indwelling catheter was placed and that the resident was more comfortable with the indwelling catheter in place.</p> <p>This Federal tag relates to complaint IN00177353.</p> <p>3.1-41(a)(1)</p>		<p>Committee determines compliance. Date of Correction 8-22-2015</p>	