

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/01/2015
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187603.</p> <p>Complaint IN00187603- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309.</p> <p>Survey dates: November 30 and December 1, 2015</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census bed type: SNF/NF: 96 Total: 96</p> <p>Census payor type: Medicare: 18 Medicaid: 58 Other: 20 Total: 96</p> <p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 7,</p>	F 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction for paper compliance.</p>	

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 0157 SS=D Bldg. 00	<p>2015 by 29479.</p> <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</p>			

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	<p>§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 observation, record review, and interview, the facility failed to notify a resident's physician and responsible party of a change in condition, related to a skin condition on a resident's back, for 1 of 4 residents reviewed for physician notification in a total sample of 8. (Resident #G)</p> <p>Finding includes:</p> <p>During an initial tour of the West Unit on 11/30/15 at 9:48 a.m., LPN #1 identified Resident #G had a pressure area on her back.</p> <p>During an observation on 11/30/15 at 9:50 a.m., with LPN #1, CNA #2, and CNA #3 present, the resident was lying in bed, and her back was lying on a towel and there was a white cream spread across her back. LPN #1 indicated the resident had an excoriation on her back.</p> <p>Resident #G's record was reviewed on 12/01/15 at 9:48 a.m. The resident's diagnoses included, but were not limited</p>	F 0157	<p>F 157</p> <p>For Resident #G, MD and family were notified of new skin impairment.</p> <p>Residents with new skin impairments can be affected by this practice. A whole-house skin sweep was performed to determine if other undocumented skin impairments are present. MD &amp; family were notified of all new areas.</p> <p>Staff nurses have been re-in serviced regarding physician and family notification of new skin impairments. Nurses will notify physician &amp; family at the time of discovery of new skin impairments.</p> <p>Unit Manager/designee will validate 5 skin assessments weekly for complete documentation of skin impairments, including MD and family notification.</p> <p>DNS/designee will present the results of these audits monthly X 6 months to the QI committee for recommendations.</p>	12/21/2015

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	<p>to multiple sclerosis, dementia, and scoliosis of the cervical spine.</p> <p>A care plan, dated 07/03/15, indicated the resident was at risk for pressure ulcer development. The interventions included, head to toe assessment weekly and as needed and report to the physician and changes in skin status.</p> <p>The Physician's Recapitulation Orders, dated 12/15, indicated there had been no treatment ordered by the physician for the resident's back skin condition.</p> <p>The Nurses' Progress Notes, dated 10/01/15 at 9:11 a.m. through 11/26/15 at 12:08 p.m. (this was the last Nurses' Progress Note in the record), indicated the physician had not been notified of the skin condition on the resident's back.</p> <p>During an observation on 12/01/15 at 10:33 a.m., LPN #4 attempted to wash a white dried cream off the resident's back. LPN #4 indicated the skin on the resident's back was peeling and the back area looked red and raw. The Director of Nursing (DoN), measured the areas with the following measurements:</p> <ol style="list-style-type: none"> <li>1. The top of the reddened area was 8.5 inches.</li> <li>2. The length of the area was 6 inches and became wider across the back to 9</li> </ol>		Completion December 21, 2015				

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	<p>inches.</p> <p>3. The lower reddened area was approximately 12 inches in width.</p> <p>4. Within the back reddened area there were 3 small open areas, 1/4 inch in diameter.</p> <p>5. There were several other reddened/peeled areas on the lower back.</p> <p>The DoN indicated the areas covered at least 2/3's of the resident's back and indicated the old skin was peeling and the redness was the pink skin under the old skin. The DoN indicated the area had looked like it had been bad at one time and was now healing.</p> <p>The Wound Nurse observed the area on 12/01/15 at 11:01 and indicated the she was unaware of the area on the resident's back and she and the Wound Specialist sees the resident for the pressure area on the posterior right thigh.</p> <p>During an interview on 12/01/15 at 1:10 p.m., the DoN indicated calmoseptine ointment was on the resident's back and the resident did not have an order for the ointment.</p> <p>A facility policy, dated 02/11/13, and received as current from the DoN, titled, "Reporting Change of Condition to the Physician", indicated, "...Notify the</p>			

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F 0309 SS=D Bldg. 00	<p>attending or on-call MD (Physician)...no later than the next work day...Rash...recent onset of localized or diffuse pruritic rash, OR any rash accompanied by other systematic symptoms..."</p> <p>This Federal Tag relates to Complaint IN00187603.</p> <p>3.1-5(a)(2)</p> <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. Based on observation, record review and interview, the facility failed to identify and accurately assess a resident's skin for change in skin condition and failed to obtain a physician's order prior to implementing a topical medication for 1 of 4 residents reviewed for quality of care related to skin conditions in a total sample of 8. (Resident #G)</p> <p>Finding includes:</p>	F 0309	<p>F 309</p> <p>For Resident #G, documentation including assessment and care planning was completed for the skin impairment to neck/back.</p> <p>All residents with skin impairments can be affected by this practice. A whole-house skin sweep was performed to determine if other undocumented skin impairments are present. Corrections were made as</p>	12/21/2015

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	<p>During an initial tour of the West Unit on 11/30/15 at 9:48 a.m., LPN #1 identified Resident #G had a pressure area on her back.</p> <p>During an observation on 11/30/15 at 9:50 a.m., with LPN #1, CNA #2, and CNA #3 present, the resident was lying in bed, and her back was lying on a towel and there was white cream spread across the resident's back. The resident also had a wound dressing on the right posterior thigh. LPN #1 indicated the resident had an excoriation on her back.</p> <p>Resident #G's record was reviewed on 12/01/15 at 9:48 a.m. The resident's diagnoses included, but were not limited to multiple sclerosis, dementia, and scoliosis of the cervical spine.</p> <p>An Annual Minimum Data Set assessment, dated 09/23/15, indicated the resident's cognition was moderately impaired, required extensive assistance of two for transfers and bed mobility, and extensive assistance of one for dressing and hygiene.</p> <p>A care plan, dated 07/03/15, indicated the resident was at risk for pressure ulcer development. The interventions included, assist and encourage the</p>		<p>needed for compliance.</p> <p>Nursing staff have been in serviced regarding skin impairment documentation including assessment and care planning.</p> <p>Nurses will complete documentation of assessment of skin impairments at the time the impairment is noted.</p> <p>Unit Manager/designee will validate 5 skin assessments weekly for complete documentation of skin impairments.</p> <p>DNS/designee will present the results of these audits to the QI committee monthly X 6 months for any recommendations.</p> <p>Completion December 21, 2015</p>		

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	<p>resident to turn and reposition every two hours, head to toe assessment weekly and as needed, and report to the physician and changes in skin status.</p> <p>The Physician's Recapitulation Orders, dated 12/15, indicated there had been no treatment ordered by the Physician for the resident's back skin condition.</p> <p>A Weekly Skin Check, dated 11/05/15 at 10:55 a.m., was marked yes for the question, " Are there any skin conditions or changes, ulcers, or injuries?" and was marked "no" for the question, "Is this new since the last documented skin check." The comments/summary indicated, "Continue current treatments as ordered. No new open areas. Skin turgor WNL (within normal limits). Mucous membranes pink and moist."</p> <p>The last Weekly Skin Check in the resident's record, dated 11/12/15 at 10:55 a.m., was marked "yes" for the question, " Are there any skin conditions or changes, ulcers, or injuries?" and was marked "no" for the question, "Is this new since the last documented skin check." The comments/summary indicated, "no new areas."</p> <p>The skin assessment form completed with bathing, titled, "Body Diagram</p>			

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	<p>Tool", dated 10/29/15 and signed by a CNA, indicated the resident's shoulders had redness. There was no signature from the nurse.</p> <p>The "Body Diagram Tool", dated 11/05/15 and 11/16/15 indicated the resident had no open areas, reddened areas, rashes, bruises, or skin tears.</p> <p>The resident was observed again on 12/01/15 at 10:33 a.m., with LPN #4, CNA #2, and CNA #5 present. The resident was transferred by a mechanical lift from the chair to the bed. The resident was then turned to the left side and CNA #5 indicated the resident had Zinc Cream (barrier cream) on the back area and the cream had already been on the resident's back when the resident was transferred out of the bed between 7:30-8 a.m. this morning. LPN #4 indicated she was unaware of the skin condition on the resident's back. LPN #4 then left the room to obtain washcloths to wash the dried cream off the resident's back. CNA #5 indicated she had informed a nurse about the area on the resident's back about two weeks ago.</p> <p>LPN #4 returned to the room at 10:42 a.m. with the West Unit Manager. LPN #4 attempted to wash the dried cream from the resident's back with a wet cloth.</p>			

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	<p>LPN #4 indicated the cream was dried and skin on the resident's skin on the back looked like it was "peeling" while the cream was being washed off. LPN #4 indicated the back area looked red and raw.</p> <p>The West Unit Manager left the room and returned with the Director of Nursing (DoN). The DoN measured the areas with the following measurements:</p> <ol style="list-style-type: none"> <li>1. The top of the reddened area was 8.5 inches.</li> <li>2. The length of the area was 6 inches and became wider across the back to 9 inches.</li> <li>3. The lower reddened area was approximately 12 inches in width.</li> <li>4. Within the back reddened area there were 3 small open areas, 1/4 inch in diameter.</li> <li>5. There several other reddened/peeled areas on the lower back.</li> </ol> <p>The DoN indicated the areas covered at least 2/3's of the resident's back and indicated the old skin was peeling and the redness was the pink skin under the old skin. The DoN indicated the area had looked like it had been bad at one time and was now healing.</p> <p>The Wound Nurse observed the area on 12/01/15 at 11:01 and indicated the</p>			

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	<p>cream on the resident's back was calmoseptine ointment (moisture barrier). She indicated she was unaware of the area on the resident's back and she and the Wound Specialist sees the resident for the pressure area on the posterior right thigh. She indicated she would have the Wound Specialist consult on the area on the resident's back.</p> <p>During an interview on 12/01/15 at 1:10 p.m., the DoN indicated she had spoken with CNA #6 was informed the CNA had taken care of the resident on 11/25/15 and CNA #6 indicated there were no concerns with the resident's skin on her back.</p> <p>During an interview on 12/01/15 at 2:40 p.m. the Corporate RN Consultant indicated the facility's policy for skin concerns was outdated and she was looking for a more current policy. She indicated she was also looking for more shower sheets. She indicated the Nurses' can completed the Weekly Skin Assessments on either the computer form in the resident's record or on the shower skin sheets.</p> <p>During the Exit Conference on 12/01/15 at 3:15 p.m., the Administrator, DoN, and the Corporate RN Consultant, failed to provide any additional information</p>			

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	<p>related to finding current weekly skin assessments and a current policy for skin concerns.</p> <p>This Federal Tag relates to Complaint IN00187603.</p> <p>3.1-37(a)</p>				