STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(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
S000000	This visit was for the investigation of a State complaint. Complaint: IN00131290 Substantiated, State deficiency related to allegations cited. Date of Survey: 01-10-14 Facility number: 006218 Surveyor: John Lee, R.N. Public Health Nurse Surveyor QA Review: claughlin 02/04/14	S000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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S000912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. Based on document review and interview, the nurse executive failed to ensure that established Moisture Associated Skin Care Prevention / Treatment Protocol was followed for 1	S000912	S-912 Immediate Corrective Action Taken: Education was provided to RN/LPN/CNA staff members as a read sign. Education included charting pathway and adherence to the	02/28/2014

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	of 5 medical records (MR) reviewed (Patient #1). Findings include: 1. Review of the Moisture Associated Skin Care Prevention / Treatment Protocol indicated the following: "Procedure 1. Check incontinent patients every 2 hours; if applicable, offer bedpan, urinal or assistance to the bathroom. Document the time the patient was checked and the results." This protocol was last reviewed/revised on 02/2013. 2. Review of patient #1's MR indicated the patient was incontinent of urine on 10-14-12 at 0814 & 1937 hours, 10-15-12 at 2036 hours, 10-16-12 at 0237 & 0623 hours, 10-18-12 at 0639 & 1058 hours, 10-20-12 at 2010 hours, 10-22-12 at 0018 hours, 10-24-12 at 1512 hours, 10-26-12 at 0949 hours, 10-27-12 at 0834 & 1332 hours, 10-28-12 at 0553 hours, 10-31-12 at 1559 hours and 11-02-12 at 1104, 1544 & 1830 hours and the MR lacked documentation that the patient was cleaned after being incontinent. 3. On 01-10-14 at 1525 hours, staff #40 confirmed that patient #1's MR lacked		Moisture Associated Skin Care Prevention / Treatment Protocol. 100% compliance with education is expected. Further Corrective Action Taken to Prevent Reoccurrence: Documentation process for hygiene care post incontinent episode has been added to the new hire orientation Monitoring: The Nurse Manager will audit 5 patients with known incontinence related issues daily to ensure corresponding hygiene documentations follows an incontinent episode. Results will be presented in Clinical Services and QC. Monitoring Process will continue until a 90% compliance rate is achieved for 3 consecutive months. Responsibility: Nurse Manager, Clinical Educator Completion Date: 2/28/2014	

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	documentation of the patient being cleaned after being incontinent.			