STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155334	A. BUILDING 00 B. WING	09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	7301 E 16TH ST INDIANAPOLIS, IN 46219

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00181495 and Complaint IN00182207. Complaint IN00181495-Substantiated. No deficiencies related to the allegations are cited. Complaint IN00182207-Substantiated. Federal/state deficiency is cited at F283. Survey date: September 11, 14, and 15, 2015 Facility number: 000277 Provider number: 155334 AIM number: 100267520 Census bed type: SNF/NF: 130 Total: 130 Census payor type: Medicare: 14 Medicaid: 96 Other: 20 Total: 130 Sample: 5 This deficiency reflects state findings	F 0000	Ms. Kim RhoadesIndiana State Department of Health Long Term Care Division 2 North Meridian Street, Section 4BIndianapolis, Indiana 46204 September 22, 2015 RE: Survey Event ID: WH0611 Dear Ms. Rhoades: Attached you will find the completed Plan of Correction and attachments for our Complaint Survey dated September 15, 2015. We request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (317) 353-1290 . Sincerely, Linda Vest, HFAExecutive Director	

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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	cited in accordance with 410 IAC 16.2-3.1. QR completed by 30576 on September 17, 2015.			
F 0283 SS=D Bldg. 00	483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative. Based on interview and record review, the facility failed to ensure a discharge summary was prepared and written that included a recapitulation of the resident's stay for 2 of 3 residents reviewed for discharge planning in a sample of 5. This deficient practice has the potential to succinctly and inadequately address the problems and successes that occurred during the resident's stay at the facility. (Resident #C and Resident #F) Findings include: A. Resident #C's clinical record was reviewed on 9-11-15 at 12:15 p.m. It indicated he was admitted to the facility	F 0283	1.Resident F and C were not harmed. Resident F and C were discharged from facility to a private residence. 2.Social Services #1 is no longer employed at the facility. 3.Education has been completed with all department managers on completing a Discharge Summary that includes a written recapitulation of the resident's stay to include problems and successes that occurred during the resident's stay at the facility. 4.The DNS/Designee will review all IDT Discharge Summaries for accuracy and completion within 72 hours of admission, five times a week as an ongoing practice of this facility. All findings will be	09/25/2015

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	on 6-8-15 on an emergent basis for short-term rehabilitation related to his family caregiver having surgery. His diagnoses included, but were not limited to, chronic UTI's (urinary tract infections), monthly emergency room visits, weakness/debility, legal blindness, insulin-dependent diabetes, hypertension, heart disease and depression. Review of the clinical record indicated plans for his discharge were formalized at a care plan meeting on 8-31-15, with the discharge date set for 9-8-15. The clinical record indicated the resident discharged on 9-8-15. The "Interdisciplinary Discharge Summary," dated 9-10-15, and signed by Social Services #1 was reviewed. The "Instructions" in item 1 indicated, "Complete this form when a patient is discharged to another healthcare center or home. All items must be addressed. Record additional comments/notes at the end of each section." Item 1 was followed by Section A, "Recapitulation of Patient's Stay." It indicated subsections of, "Reason for admission," "Treatment provided," "Progress (Include any complications experienced)," "Reason for discharge," and "Discharge diagnosis." The response		reviewed with the PI committee in the monthly PI meeting. The PI committee will determine when 100% compliance is achieved and if further monitoring is required	

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	or explanation for each of these sections was indicated as "see MR [medical record]." In interview with the Director of Nursing on 9-15-15 at 11:55 a.m., she indicated the discharge summary with the phrase, "See medical record," is not sufficient for a recapitulation of the person's stay at the facility. She indicated it should be an actual summary. In interview with the Director of Nursing on 9-15-15 at 3:10 p.m., she indicated she was unable to locate a specific policy or procedure related to discharge or discharge summaries. B. The clinical record of Resident #F was reviewed on 9-15-15 at 10:35 a.m. Her diagnoses included, but were not limited to diverticulitis, incisional hernia, ileus after gastrointestinal surgery and colovesical fistula. A physician's telephone order was written on 9-2-15 which indicated the resident may discharge home with home health services. The resident discharged to her home on 9-3-15. The "Interdisciplinary Discharge Summary," dated 9-4-15, and signed by Social Services #1 was reviewed. The "Instructions" in item 1 indicated,			

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	"Complete this form when a patient is discharged to another healthcare center or home. All items must be addressed. Record additional comments/notes at the end of each section." Item 1 was followed by Section A, "Recapitulation of Patient's Stay." It indicated subsections of, "Reason for admission," "Treatment provided," "Progress (Include any complications experienced)," "Reason for discharge," and "Discharge diagnosis." The response or explanation for each of these sections was indicated as "see MR [medical record]." In interview with the Director of Nursing on 9-15-15 at 11:55 a.m., she indicated the discharge summary with the phrase, "See medical record," is not sufficient for a recapitulation of the person's stay at the facility. She indicated it should be an actual summary. In interview with the Director of Nursing on 9-15-15 at 3:10 p.m., she indicated she was unable to locate a specific policy or procedure related to discharge or discharge summaries. This Federal tag relates to Complaint IN00182207.			

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	3.1-36(a)(1) 3.1-36(a)(2)			