STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	05/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO	429 W LINCOLN RD KOKOMO, IN 46902

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00199457. Complaint IN00199457 - Substantiated. Federal/State deficiencies related to allegations are cited at F164 and F425. Survey dates: May 16 and 17, 2016 Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census bed type: SNF/NF: 59 Total: 59 Census payor type: Medicare: 10 Medicaid: 38 Other: 11 Total: 59 Sample: 8 These deficiencies reflect State finding cited in accordance with 410 IAC 16.2-3.1. Q.R. completed by 14466 on May 18, 2016.	F 0000	Thefacility requests that this plan Ofcorrection be considered its Credibleallegations of compliance. Submissionof this response and Plan OfCorrection is not a legal admission that a Deficiencyexists or that this statement of Deficiencywas correctly cited and is also not Tobe construed as an admission of interest Againstthe facility, the Administrator or employee, Agents,or other individuals who draft or may be Discussedin the response and Plan of Correction in Addition,preparation and submission of the Plan of Correctiondoes not constitute an admission or Agreementof any kind by the facility of the truth of Anyfacts alleged or the corrections of conclusions set Forthin this allegation by the	

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

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			survey agency. Accordingly,the facility has prepared and submitted ThisPlan of Correction prior to the resolution of appeal of Thismatter solely because of the requirements under Stateand Federal law that mandates submission of the Planof Corrections a condition to participate in the Title 18and Title 19 programs. The submission of Plan of Correctionwithin this timeframe should in no way be Ofnon-compliance or admission by the facility.	
F 0164 SS=D Bldg. 00	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.			

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	The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. Based on record review, observation, and interview, the facility failed to ensure the privacy of a resident was maintained and not placed on Social Media for 1 of 3 resident reviewed for privacy. (Resident I) Finding includes: During an interview with the Executive Director (ED) on 5/17/16 at 10:02 a.m., she indicated Employee #1 was recently terminated for posting a photo of a resident on a Facebook page, not following Policies and Procedures related to HIPAA (Health Insurance Portability and Accountability Act) (Security of personal information). The ED indicated during the investigation the employee indicated they had the resident and family' permission to take the picture. An email from the Manager of HIPAA	F 0164	We respectfully request adesk review for paper compliance for this citation. **F164 Personal Privacy/Confidentiality of Records** The resident identified wasdeceased at the time the photo was posted to social media so was not affected. Since all residents havethe potential to be affected by the same deficient practice, KindredCommunication	06/03/2016

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	Compliance for the Kindred Cooperation dated 5/17/16, indicated the employee stated they had permission from the family to take the photo, but this information could not be confirmed. The employee agreed on 5/5/16, to remove the post from their Facebook page. The facility investigation indicated Employee #1 had posted a picture of Resident #H on their Facebook page after Resident #H had passed. Observation of the post on 5/17/16 at 1:00 p.m., indicated the picture was posted on February 4, 2016. The picture was of the resident sitting in a wheelchair, smiling. The caption on the page stated, "Fly away until another day soon soon we will be on are way." Employee #1 was suspended when the facility was made aware of the Facebook post and terminated on 5/12/16. The record for Resident #H was reviewed on 5/17/16 at 1:10 p.m. The resident was not cognitively impaired and had passed away in February 2016. This Federal tag relates to Complaint IN00199457. 3.1-3(o)		s Dept. monitors social media for inappropriate use and notifiesthe Executive Director of activity and identity of employee involved. To ensure the deficientpractice does not occur again, all new employees will be educated duringorientation on Kindred Communications Policy specifically outlined in **EmployeeHandbook as "Standard of ConductRegarding Communication", as well as "Resident Information and InformationProtected by HIPPA."**Staff will be educated onreporting inappropriate posting of resident information	

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			found on social media. To ensure deficientpractice will not recur, all staff will be in-serviced on, **"Safeguards:Verbal Uses and Disclosures of Protected Health Information," and "Safeguards: Social Media."**All new employees will be educated duringorientation on Kindred Communications Policy specifically outlined in EmployeeHandbook as **"Standard of ConductRegarding Communication"**, as well as **"ResidentInformation and Information Protected by HIPPA."**Staff will be	

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			educated on reporting inappropriate posting of residentinformation to social media. Any reports of inappropriate resident privacyviolation will be investigated by corporate manager of HIPPA Compliance. Tomonitor, the Executive Director and/or designee will audit 3 employees weekly for 4 weeks, then 5employees monthly for 6 months on their understanding of, **"Safeguards:Verbal Uses and Disclosures of Protected Health Information" and "Safeguards:Social Media."**Executive Director and/ordesignee will report finding to the	

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			PI committee monthly times 6 months. **June 3, 2016 systemic changes will be completed.**	
F 0425 SS=E Bldg. 00	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure medications were available for administration for 4 of 5 residents reviewed for medication availability. (Resident #C, #E, #H, and #D)	F 0425	Werespectfully request a desk review for paper compliance for this citation. **F425 Pharmaceutical Services-AccurateProcedures** Allmedication orders have been reviewed for affected Residents C, E, H, andD.Currently all their	06/03/2016

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	Findings include: 1. The record for Resident #C was reviewed on 5/16/16 at 10:43 a.m. Diagnoses included, but were not limited to, diabetes mellitus and cancer. Current physician orders indicated: Prilosec 20 milligrams (mg) daily (esophageal reflux) ASA 81 mg daily (Thrombus) Lasix 20 mg daily (swelling) duloxetine HCL 30 mg 3 caps by mouth daily (depression) Claritin 10 mg daily (allergies) Progress notes and the Medication Administration Record (MAR) dated 5/14/16, indicated the following medications were unavailable for administration: 5/14/16: ASA (Aspirin) 81 milligrams (mg), Lasix 20 mg, Claritin 10 mg, Prilosec 20 mg, for the a.m., administration. 5/11/16: Lasix 20 mg, ASA 81 mg, Prilosec 20 mg., for the a.m., administration. note indicated the medication had been reordered. 5/8/16: Prilosec 20 mg, ASA 81 mg not available for the a.m., administration		medications are available and being administered asordered. Since allresidents receiving medications have the potential to be affected, an audit hasbeen completed to ensure all residents' medication orders are available. **The following will be implemented toensure this does not recur**, all licensed nursing staff, as well as QMAs, will be in-serviced onpolicy and procedures for, 1)medication unavailability, including appropriatedocumentation in progress notes 2) PointClick Care reordering protocol. Automaticreplacement of Emergency Drug Kits 3 times per week will be implemented toensure more commonly used drugs are available 24/7 if needed. Monitoring of emar progress notes by Directorof Nursing and/or designee will be implemented 5 days per week to ensuremedications are available. Any unavailable meds indentified from the dailyreview will be tracked on weekly audit tool to identify trends. Director ofNursing and/or designee will report findings to PI committee monthly times 6months. **June 3,2016 systemic changes will becompleted.**	

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5/7/16: Prilosec 20 mg, duloxetine HCL 20 mg, ASA 81 mg, not available for the a.m., administration.

The "Standard Kit" (Emergency Drug kit) form provided by the DON on 5/17/16 at 10:50 a.m., indicated ASA 81 mg, Prilosec 20 mg, Lasix 20 mg, and Claritin 10 mg were available for administration.

A Pharmacy "Work With Order Fill" form indicated Claritin 30 tabs were delivered on 3/19/16 and 5/14/16, which indicated a short fall in availability.

2. The record for Resident #C was reviewed on 5/16/16 at 11 a.m.

Current Physician orders indicated:
Claritin Capsule 10 mg daily (allergies)
Folic acid 400 micrograms daily (supplement)
Tab a vite daily (supplement)
Prilosec 20 mg twice daily (Esophageal Reflux)

Progress notes and the MAR (Medication Administration Record) for the following dates indicated medications were not available for administration:

5/15/16: Prilosec 20 mg at 8:00 p.m.,

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	5/14/16: Tab-a-vite, Prilosec 20 mg and Claritin 10 mg at 8:00 a.m. 5/11/16: Tab-a-vite, Prilosec 20 mg at 8:00 a.m. 5/8/16: Prilosec 20 mg 8:00 a.m. 5/7/16: Prilosec 20 mg 8:00 a.m. 5/3/16: Folic Acid a.m. administration The Standard Kit (Emergency Medication kit) provided by the DON on 5/17/16 at 10:50 a.m., indicated Prilosec 20 mg, Folic Acid and Claritin 10 mg was available for administration to the resident. A Pharmacy "Work with Order Fills' indicated Folic Acid 30 tabs was shipped on 4/2/16 and 5/3/16. This would be a one day delay in administration. Prilosec 20 mg, 30 tabs was shipped on 3/15/16, and 60 tabs on 4/1/16. Claritin 10 mg 30 tabs was ordered on 5/10/16, canceled, then reordered on 5/13/16 and shipped on 5/14/16. 3. The record for Resident #D was reviewed on 5/16/16 at 1:04 p.m. Physician orders for April 2016, indicated an order for chloridiasepoxide			

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	HCL 10 mg 2 times daily for schizophrenia. The April Medication Administration Record (MAR) indicated the medication was unavailable on 4/9/16. A pharmacy "Work With Order Fills" indicated the medication 30 tabs was shipped on 3/31/16 an 4/13/16, and should have been available for administration. 4. The record for Resident #H was reviewed on 5/16/16 at 12:53 p.m. Current physician orders indicated: donepexil 5 mg 1 tab daily at bedtime for dementia. Progress notes and the MAR (Medication Administration Record) indicated medication was unavailable on the following date: 5/15/16: donepezil HCL 5 milligrams (mg) The "Standard Kit" (emergency drug kit) provided by the DON on 5/1/7/16 at 10:50 a.m., indicated the medication was available for administration.			

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	During an interview with the DON on 5/17/16 at 11:15 a.m., she indicated she was not aware medications were unavailable for administration. During an interview with the (Name of Pharmacy) pharmacist on 5/17/16 at 11:46 a.m., she indicate mediation unavailability had not been a trend here at the facility. A policy titled "...Medication Shortages/Unavailable Medications" was provided by the DON on 5/17/16 at 10 a.m., and deemed as current. The policy indicated: "...Procedure: 1. Upon discovery that Facility has an inadequate supply of a medication to administer to a resident, Facility staff should immediately initiate action to obtain the medications from the Pharmacy...If the next available delivery causes delay or a missed dose in the resident's medication schedule, Facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose..." This Federal tag relates to Complaint IN00199457. 3.1-25(a)			

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