

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2014
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NAME OF PROVIDER OR SUPPLIER WELLINGTON AT KOKOMO THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 S DIXON RD KOKOMO, IN 46902
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 11 and 12, 2014</p> <p>Facility number: 011366 Provider number: 011366 AIM number: n/a</p> <p>Survey team: Maria Pantaleo, RN, TC Rita Mullen, RN</p> <p>Census bed type: Residential: 32 Total: 32</p> <p>Census payor type: Other: 32 Total: 32</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review was completed by Tammy Alley RN on June 18, 2014.</p>	R000000	<p>This plan of correction is submitted as required under either or both State and Federal law. The submission of this plan of correction on June 30, 2014 does not constitute an admission of fault or liability to the government entity or any third party, on the part of The Wellington at Kokomo, as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this plan of correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered to be subsequent remedial measures as that concept is employed Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis and the Community reserves its right to object to the admission of this Statement of Deficiency or the Plan of Correction under any other theory of law. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney,</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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R000117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure staff on duty met requirements of First Aid and CPR (cardiopulmonary resuscitation) for 5 of 14 night shift schedules. This deficit practice had the potential to affect 32 of 32 residents residing in the facility.</p> <p>Findings include:</p>	R000117	<p>or shareholder of the Community or affiliated companies.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; There will be at least one awake CPR & First Aid Certified staff person on duty at all times How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</p>	06/26/2014			

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	<p>Record Review of work schedules done on 6/12/14 at 9:00 a.m., indicated from 6/8/14 through 6/12/14, the schedule did not include personnel who had first aid and CPR training.</p> <p>During an interview with the Executive Director done on 6/12/14 at 11:30 a.m., she indicated her understanding was licensed personnel, Registered Nurse (RN) or Licensed Practical Nurse (LPN), did not require First Aid certification.</p>		<p>taken; There will be at least one awake CPR & First Aid Certified staff person on duty at all times. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; A CPR & First Aid Certification class was held on June 25th and June 26th to certify staff to ensure there will be at least one awake CPR & First Aid certified staff person on duty at all times. CPR & First Aid Certification class will be held each quarter to ensure that any expiring certifications are re-certified timely. Any new licensed nurse or QMA will have to have a current CPR & First Aid Certification upon hire. The charge nurse job description has been revised to require current CPR & First Aid Certifications for the duration of employment. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Executive Director, or designee, reviews all new hire paperwork and will ensure that the CPR & First Aid Certification documentation is present at the time of hire. The Executive Director, or designee, will review the CPR & First Aid Certifications at the beginning of each month to ensure that all licensed nurses & QMA's have a current CPR & First Aid Certification, and that</p>	

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R000121	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record</p>		any expiring certifications are signed up for the quarterly class prior to the expiration date. The Executive Director, or designee will summarize the monthly monitoring and review at the quarterly QA meeting.	

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	<p>of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on record review and interview the facility failed to ensure personnel were screened for Tuberculosis (TB) and maintain a health record of each employee that includes reports of all employment -related health screenings. This deficient practice affected 3 of 9 employees reviewed for TB skin testing. (CNA # 1, 2 and 3)</p> <p>Findings include:</p> <p>Record review of employee files on 6/12/14 at 9:00 a.m., indicated CNA #1 had a hire date of 6/24/09, no TB test or assessment was in the personnel record for 2013. CNA #2 was hired on 3/14/14 , no 1st or 2nd step TB skin testing was documented in the personnel record. CNA #3 had no 1st or 2nd step TB skin testing upon hire on 3/26/14.</p> <p>During an interview with Director of Nursing and Executive Director on 6/12/14 at 11:30 a.m., they indicated no documentation was available for verification of TB testing for the three</p>	R000121	<p>State Residential Finding R121</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The 1st step TB testing for the employee files reviewed was done upon hire, it was the 2nd step that was not on file. The employees noted in the survey have had additional TB testing done to meet the 1st & 2nd step, and annual requirement. CNA #1 had a TB test completed on 06-13-14, CNA #2 had a 1st & 2nd step TB tests completed on 06-12-14 & 06-25-14, CNA #3 had a 1st & 2nd step TB tests completed on 06-13-14 & 06-27-14. All results were negative. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All staff participated in an annual TB test event in June 2014. There were no positive results. All new hire files were audited and any employee that did not meet the 1st & 2nd step requirement upon hire were given additional TB testing so that the 1st & 2nd step requirement is met. What measures will be put into place or</p>	07/07/2014			

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	current employees.		what systemic changes the facility will make to ensure that the deficient practice does not recur; For all new hires, the Executive Director, or designee, will ensure that the requirement is met by one of three methods: 1)the employee can present a prior negative TB result within the last 12 months at the time the facility 1st step is initiated, or 2)the employee will receive both the 1st and 2nd step TB tests before their first day of job specific orientation, or 3)the employee will have a chest x-ray done. This will ensure that all new hires have been screened and documented before the new hire is scheduled to work. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Business Director, or designee, reviews all new hire paperwork and will ensure that the TB test documentation is present at the time of hire and/or before the new hire is allowed to be scheduled for job specific orientation. The Business Director, or designee, will audit all new hire paperwork and report any missing documentation to the Executive Director immediately. The new hire will not be allowed to proceed to the job specific orientation until the documentation is completed. The Business Director, or designee, will summarize the		

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R000410	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance</p> <p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to ensure a resident received a second step Tuberculin (TB) skin test, a risk assessment or a chest x-ray to screen for active TB (Resident #1).</p> <p>Findings include:</p> <p>The clinical record of Resident #1 was reviewed on 6/11/14 at 1:50 p.m.</p> <p>Diagnoses included, but was not limited</p>	R000410	<p>monthly monitoring and review at the quarterly QA meeting.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The resident noted has since expired and cannot have the 1st & 2nd Step TB test done. The survey stated the chest x-ray was not done, but the chest x-ray was done, the results were in the resident's medical record and noted during the survey. How the facility will identify other residents having the potential to be affected by the same deficient</p>	06/27/2014			

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	<p>to dementia.</p> <p>Resident #1 was admitted to the facility on 10/19/13 and received the first step TB skin test upon admittance to the facility. No record of the second step TB skin test, risk assessment or chest x-ray was in the clinical record.</p> <p>During an interview with the Executive Director, on 6/12/14 at 9:35 a.m., she indicated a second step TB skin test was not done due to the shortage of TB skin test serum at that time and a risk assessment or chest x-ray was not done.</p>		<p>practice and what corrective action will be taken; An audit of all resident medical charts was done by the Executive Director on June 18th to ensure that other residents were given the required TB screening. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; For all new admissions the 1st & 2nd step TB test will be placed on the resident's MARS to ensure the nurse administers & reads the test. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Director of Nursing, or designee, will review the MARS weekly to monitor the TB testing was completed. The Director of Nursing, or designee, will report to the Executive Director results from weekly reviews. The Director of Nursing, or designee, will summarize all new residents and their dates of completion for the TB screening and review findings during the quarterly QA meeting.</p>				