

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2015
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3025 W SYCAMORE ST KOKOMO, IN 46901
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 10 and 11, 2015</p> <p>Facility Number: 011075 Provider Number: 011075 AIM Number: NA</p> <p>Census bed type: Residential: 21 Total: 21</p> <p>Census payor type: Total: 21</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on December 14, 2015.</p>	R 0000	<p>The following is the Plan of Correction for Brookdale Kokomo, in regards to the Statement of Deficiencies for the annual survey completed on December 11, 2015 This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements In this document, we have outlined specific actions in response to identified issues We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective</p>	
R 0121  Bldg. 00	<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</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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	<p>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 of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive 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 new personnel were screened for Tuberculosis (TB) using the two-step procedure skin test. This deficient practice affected 3 of 6</p>	R 0121	<i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? No residents were found to have been affected by the alleged</i>	01/16/2016

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	<p>employees reviewed for TB screening(Employee #1, Employee #2, Employee #3).</p> <p>Findings include:</p> <p>1. During a review of Employee #1 health records on 12/10/15 at 3:15 p.m., the records indicated a hire date of 6/5/15, a first step skin test was completed on 5/26/15. No second step skin test was completed.</p> <p>2. During a review of Employee #2 health records on 12/10/15 at 2:45 p.m., the records indicated a hire date of 10/5/15, a first step skin test was completed on 10/5/15. No second step skin test was completed.</p> <p>3. During a review of Employee 3# health records on 12/10/15 at 3:00 p.m., the records indicated a hire date of 4/17/15, a first step skin test was completed on 4/13/15. No second step skin test was completed.</p> <p>During an interview with the Administrative Assistant on 12/10/15 at 3:30 p.m., she indicated she was unable to locate second step skin tests for the employees.</p> <p>Policy Review completed on 12/11/15 at</p>		<p>deficiencies. Associates #1 &amp; #3 will have Mantoux skin tests re-administered with 2 step process followed. <i>How will the facility identify other associates with the potential to be affected by the same alleged non-compliant practice and what corrective action will be taken?</i></p> <p>·An audit of associate files will be completed by the Administrative Assistant (AA) to verify expiration dates TB (tuberculin) skin tests, and a tickler file will be initiated to track such due dates in an on-going manner. Reminders will be set up in the computer system (Outlook) so that reminders pop up for the AA, the Health and Wellness Director (HWD) and the Executive Director (ED) ·In the event other associates are found to be due for annual TB (tuberculin) testing, the AA is to notify the Health and Wellness Director (HWD) in order for the HWD to schedule required testing be administered. What measures will be put in place or what systemic changes will the facility make to ensure the alleged non-compliant practice does not recur? The AA has been re-educated on the use of an audit tool by the E.D.·The results of the audits are to be routinely provided by the AA to the HWD and the ED. The HWD will utilize this information when scheduling associates. All associates will be required to have current TB (tuberculin) skin tests in order to</p>	

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R 0144 Bldg. 00	<p>10:00 a.m., titled "Associate Health Record" dated 12/5/2013 indicated "The TB status of the associate is to be established prior to initial assignment and at least annually thereafter, or in accordance with state regulations. Brookdale Senior Living must have verification that an associate is free of Tuberculosis before he or she begins work...."</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to maintain the handrail in the 200/300 hallways. This deficient practice was observed in 1 of 4 hallways.</p> <p>Findings include:  During an observation on 12/10/2015 at 4:05 p.m., the handrail in the 200 hallway next to room 209 had an end piece loose</p>	R 0144	<p>be scheduled for their shift. ·In the event of non-compliance with scheduled TB testing, the associate may be removed from the schedule until such time as TB shots are current. <i>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</i> The Executive Director (E.D.) will be provided a copy of the AA's audit of current associates and the expiration dates of their current TB (tuberculin) skin tests. ·This process will continue monthly and on-going to audit for continued compliance with the state requirement. ·Additional action will be taken by the E.D. as warranted, based on results of audits.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the alleged deficient practice? No residents were found to have been affected by the alleged deficient practice Handrails were repaired or replaced in the sited areas on 6/14/2015</p> <p>Howwill the facility identify other residents with the potential to be</p>	01/16/2016			

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R 0410  Bldg. 00	<p>and not attached to wall. The handrail next to room 208 had an end piece missing, with a sharp edge on the remaining handrail.</p> <p>During an interview with the Executive Director on 12/10/2015 at 4:20 p.m., the Executive Director indicated she was not aware of the issues with the handrails in the 200 hallway.</p> <p>A maintenance log, received from the Executive Director on 12/11/2015 at 9:30 a.m., indicated "... Monday morning, each week, Maintenance Tech will walk the community to check for wear and tear on common area walls and doorways..."</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (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. (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>affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>A regular schedule for maintenance has been established for checking the handrails, and the Maintenance Tech will check all handrails throughout the community when he does the monthly fire extinguisher checks</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>If problems are found with any handrails in the community, staff will report it to the Maintenance Tech and they will be repaired immediately. The monthly checks will help to prevent missing or broken pieces</p>	

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	<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 screen a resident for Tuberculosis (TB) for 1 of 7 residents reviewed for Tuberculin skin tests in a sample of 7 (Resident #5).</p> <p>Findings include:</p> <p>The clinical record of Resident #5 was reviewed on 12/10/2015 at 2:00 p.m. Diagnoses included, but were not limited to, hypertension, UTI (urinary tract infection), and renal failure.</p> <p>A Mantoux (Tuberculin skin test) Test record for Resident #5 indicated the first of the two step method TB skin test was administered on 04/21/2015.</p> <p>A review of the Medication record for April 2015 indicated the first step was completed but the second step was not completed.</p> <p>During an interview with the Health and Wellness Director, on 12/10/2015 at 2:50 p.m., she indicated the second step TB skin test for Resident #5 was not completed.</p>	R 0410	<p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>·Resident #5 was immediately (on 12/10) administered a Mantoux, and it was read within 48 hours. The second step will be administered on 12/18/2015 and will be read on 12/20/2015 <i>How will the facility identify other residents with the potential to be affected by the same alleged non-compliant practice and what corrective action will be taken?</i> An audit of resident files will be completed by the Health &amp; Wellness Director to verify expiration dates TB (tuberculin) skin tests, and a tickler file has been initiated to track such due dates in an on-going manner. ·In the event other residents are found to be due for annual TB (tuberculin) testing, the Health and Wellness Director (HWD) will schedule &amp; required testing be administered. <i>What measures will be put in place or what systemic changes will the facility make to ensure the alleged non-compliant practice does not recur?</i> The HWD has re-educated the nursing staff on the use of an audit tool and all nurses are helping to monitor and ensure compliance. HWD will audit</p>	01/16/2016			

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	A facility policy for "Tuberculosis Screening/Testing Policy-Residents-IC-2" dated 7/1/2003 received from the Executive Director on 12/22/2015 at 10:00 a.m., indicated " Residents will be screened or tested for Tuberculosis (TB) per state guidelines....1. testing should be performed on each new resident within three months prior to admission, or within one week of admission or per state regulation...Mantoux skin test-using the 2 step method...."		monthly. The results of the audits are to be routinely provided to the ED. The ED will ultimately supervise and make sure that the HWD is on track and using the tool to ensure compliance. <i>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</i> The Executive Director (E.D.) will be provided a copy of the HWD's audit of current residents and the expiration dates of their current TB (tuberculin) skin tests. This process will continue monthly and on-going to audit for continued compliance with the state requirement. Additional action will be taken by the E.D. as warranted, based on results of audits.				