

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 10/15/2013
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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: October 10, 11, and 15, 2013</p> <p>Facility number: 011366 Provider number: 011366 AIM number: n/a</p> <p>Survey team: Bobette Messman, TC, RN Maria Pantaleo, RN</p> <p>Census bed type: Residential: 30 Total: 30</p> <p>Census payor type: Other: 30 Total: 30</p> <p>Sample: 12</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 October 17, 2013.</p>	R000000		

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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R000144	<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.</p> <p>Based on observation, record review and interview, the facility failed to ensure the resident's environment was clean and in good repair for 11 of 30 residential room units, 4 of 4 restroom units, 4 of 4 hallways, and 4 of 8 office units, 1 of 1 laundry room, and 2 of 2 lounges. This deficit practice had the potential to affect 30 of 30 residents residing in the facility.</p> <p>Findings include:</p> <p>During the environmental tour on 10/10/2013, at 10:30 a.m., with the Maintenance Director, the following was observed:</p> <p>First Floor</p> <p>Laundry room: cabinet doors containing clean blankets could not be closed. The hinges on two of 4 doors were off track and would not shut. The outside door and doorway was marred, scratched, chipped and the paint was peeling.</p> <p>Residents rooms 121, 122, 123, 125, 126, and 127, the doors and</p>	R000144	R144 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The hinges on the cabinet doors were repaired on October 11th. The linens in the cabinets were re-arranged so that they did not block the doors from shutting properly on October 11th. The resident rooms and other areas identified with marred, scratched, chipped and peeling paint will be repaired, repainted by November 11th. All of the furniture in the main lounge area was cleaned by a professional cleaner on October 11th. The furniture that had stains that could not be removed was thrown away on October 11th. The wooden parts of the furniture identified was stained with Old English. 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; The hinges on the remaining cabinet doors were inspected on October 11th. The linens in the remaining cabinets were inspected to ensure they did not block the doors from shutting properly on October 11th. The remaining resident rooms and other areas will be inspected and	11/11/2013			

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	<p>doorways were marred, scratched, chipped and the paint was peeling. At the time of the observation, the Maintenance Director indicated the rooms were being painted and patched when residents moved out.</p> <p>The wellness director office, medication room, bathrooms (2), and exist doors (2) and hallways were marred, scratched, chipped and the paint was peeling.</p> <p>There were stains and a substance of unknown origin on two end chairs in the main lounge area. The sofa, table tops and end furniture legs, in the main lounge area, were marred, scratched, chipped and were peeling.</p> <p>Second Floor:</p> <p>Residents rooms 225, 229, 230, 231, 232, and 233, the doors and doorways were marred, scratched, chipped and the paint was peeling. At the time of the observation, the Maintenance Director indicated the rooms were being painted and patched when residents moved out.</p> <p>The beauty shop, medication room, bathrooms (2), and hallways (2) were marred, scratched, chipped and the paint was peeling.</p>		<p>repaired/repainted if needed. All of the furniture in the main lounge area was cleaned by a professional cleaner on October 11th. The wooden parts of the furniture were stained with Old English by October 30th. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur. The nursing staff responsible for storing linens was educated on October 11th for immediate compliance and all staff will be inserviced on November 7th by Stacy Mevzek, E.D. on how to store linen in the cabinets, and the procedure for completing a work order should any of the cabinets not be in working order. The Maintenance Director will perform a monthly inspection of all doors/doorways for marred, scratched, chipped or peeling paint and repair/repaint accordingly each month. The Housekeeping Director will perform a monthly inspection of all lounge furniture and coordinate the cleaning and or repair accordingly each month. Any furniture that cannot be cleaned or repaired will be thrown away immediately. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance programs will be put into place; and The Executive Director will conduct rounds Monday through Friday inspecting</p>				

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	<p>There were stains on three end chairs in the lounge area. The furniture legs, in the lounge area, were marred, scratched, chipped and were peeling.</p> <p>Record review of maintenance reports on 10/11/2013, at 4:10 p.m., indicated that a request for repairs had been filed on 08/05/2013.</p> <p>During an interview with the Maintenance Director and Executive Director on 10/10/2013, at 4:00 p.m., they indicated a maintenance work request order had been filed on 08/05/2013 for repair work on the units.</p>		<p>the laundry room, the furniture in the lounge areas, and all doors/doorways monitoring for stains, repairs, scratches, chips and peeling paint. The Executive Director will alert the appropriate department supervisor during the daily morning meeting of any issues that need fixed. The Executive Director will review the monitoring efforts and results at the quarterly quality assurance meeting and make any changes as needed to ensure ongoing compliance. By what date the systemic changes will be completed November 11th</p>				

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R000152	<p>410 IAC 16.2-5-1.5(i) Sanitation and Safety Standards - Deficiency (i) The facility shall handle, store, process, and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection.</p> <p>Based on observation and interview , the facility failed to ensure linen was stored properly in 2 of 4 cabinets, in 1 of 1 linen room. The deficit practice had the potential to affect 30 of 30 residents residing in the building.</p> <p>Findings included:</p> <p>During the environmental tour on 10/10/2013 at 10:30 a.m., the laundry room, cabinet doors containing clean blankets could not be closed. The hinges on two of 4 doors were off track and could not shut. The linen inside the cabinets were observed to be hanging out of the cabinet.</p> <p>On 10/10/2013 at 10:35 a.m., during an interview with the Maintenance Director, he indicated the doors should close and needed to be repaired.</p> <p>Record review of maintenance reports on 10/11/2013 at 4:10 p.m., indicated there was no maintenance report for the cabinet doors.</p>	R000152	<p>R152 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The hinges on the cabinet doors were repaired on October 11th. The linens in the cabinets were re-arranged so that they did not block the doors from shutting properly on October 11th. 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; The hinges on the remaining cabinet doors were inspected on October 11th. The linens in the remaining cabinets were inspected to ensure they did not block the doors from shutting properly on October 11th. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur. The nursing staff responsible for storing linens was educated on October 11th for immediate compliance and all staff will be inserviced on November 7th by Stacy Mevzek, E.D. on how to store linen in the cabinets, and the procedure for completing a work order should any of the cabinets not be in working order. How the corrective</p>	11/07/2013

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			action will be monitored to ensure the deficient practice will not recur, what quality assurance programs will be put into place; and The Executive Director will conduct rounds Monday through Friday inspecting the laundry room, the furniture in the lounge areas, and all doors/doorways monitoring for stains, repairs, scratches, chips and peeling paint. The Executive Director will alert the appropriate department supervisor during the daily morning meeting of any issues that need fixed. The Executive Director will review the monitoring efforts and results at the quarterly quality assurance meeting and make any changes as needed to ensure ongoing compliance. By what date the systemic changes will be completed November 7th	

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, record review and interview the facility failed to ensure the staff maintained sanitary practices,while working in the 2 of 2 designated kitchen areas. This deficit practice had the potential to affect 30 of 30 residents residing in the facility.</p> <p>Findings include:</p> <p>1. 10/10/13 at 10:30 a.m., it was observed on the 2nd floor dining room area that personnel came into designated kitchen are without proper hair covering. The Dietary Manager was present at the time of the observation.</p> <p>10/15/13 at 9:15 a.m., it was observed that the Housekeeping Manager entered into the designated kitchen area on the first floor without proper hair covering.</p> <p>On 10/10/13 at 10:45 a.m., during an interview with the Dietary Manager, she indicated that hairnets should be worn at all times in the kitchen area.</p>	R000273	<p>R273 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The staff members observed without proper hair covering during the survey were educated and disciplined for the non-compliance.The container of MedPass observed in the kitchen refrigerator was thrown away on October 10th. The staff present at that time were educated on the policy for storing MedPass and directed to the sign posted stating "MedPass can not be stored in the kitchen refrigerator".The staff member identified was educated on handwashing protocols immediately following the observation noted. 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 were verbally educated on the protocol for hair covering in the kitchen area on October 16th.The remaining kitchen refrigerators were inspected and found to have NO MedPass in them.The nursing staff was educated by the Director of Nursing during the remaining survey days that</p>	11/07/2013			

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	<p>2. 10/10/13 at 10:15 a.m., an undated open container of MEDPASS (dietary supplement) was observed on a 1st floor refrigerator shelf of the designated kitchen area. The resident was no longer in the facility.</p> <p>10/15/13 at 10:45 a.m., a review of the posted memo by the Director of Nursing, indicated MEDPASS should not be kept in the designated kitchen area refrigerator.</p> <p>10/15/13 at 10:40 a.m., interview with RN#1 indicated that MEDPASS was not to be kept in the refrigerator in the kitchen.</p> <p>3. Observation on 10/10/13 at 11:00 a.m., during the observation staff member #3 was asked to demonstrate the testing chemical in cleaning bucket. The staff member tested the water with a chemical strip and then went back to cooking food for lunch.</p> <p>The Executive Director on 10/15/13 at 11:40 a.m., provided a policy titled "Handwashing and Drying Procedures for Food Employees as Required by 410 IAC, Section 128 and 129" and indicate this was used as guideline for kitchen staff handwashing. Specific in the document When to Wash</p>		<p>MedPass can not be stored in the kitchen refrigerator. The remaining staff members (cooks) were educated on handwashing protocols immediately following the observation noted. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur. An inservice for all staff will be held on November 7th reviewing the protocol for hair coverings in the kitchen area. The inservice will be conducted by the Executive Director and Dietary Manager. An inservice for all staff will be held on November 7th reviewing the protocol for storing MedPass. The inservice will be conducted by the Executive Director, Dietary Manager and Director of Nursing. An inservice for all cooks will be held on November 7th reviewing the protocol for handwashing including when to wash, how often, etc specifically addressing when the meal service is interrupted and hand washing is in order. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance programs will be put into place; and All of the department managers will monitor compliance for hair coverings worn and worn properly. Any non-compliance will be addressed with the specific employee on the spot, with repeat non-compliances receiving</p>				

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	<p>Hands and How to wash Hands. The document indicated "...to wash hands before placing gloves on hands...after engaging in activities that contaminate the hands (taking out the garbage, wiping counters or tables, handling chemicals, picking up dropped food items, etc.)</p> <p>Interview on 10/15/13 at 10:30 a.m., Employee #2 indicated all staff are instructed to wash their hands for 20 seconds, between tasks, and between glove use.</p>		<p>discipline action(s).Any non-compliance issues will be reviewed during the morning meeting.The cooks will monitor the kitchen refrigerators daily and report any non-compliance with storing MedPass to the Dietary Manager immediately.The Dietary Manager will review any non-compliance incidents during the morning meeting.The Executive Director will issue discipline action(s) to staff responsible for the non-compliance.The Dietary Manager and Executive Director will conduct random audits in all kitchen areas observing for compliance with hand washing protocols.If there is a non-compliance the staff member will be educated on the spot.The random audits will be reviewed during the quarterly quality assurance meeting. By what date the systemic changes will be completed November 7th</p>	