

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 11/27/2012	
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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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: November 26 and 27, 2012</p> <p>Facility number: 011366 Provider number: 011366 AIM number: n/a</p> <p>Survey team: Toni Maley, BSW-TC Tammy Alley, RN (11/27/12)</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 8</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 30, 2012 by Bev Faulkner, RN</p>			R0000	<p>The Wellington at Kokomo ("Community") submits this Plan of Correction only as a requirement under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the surveyor's findings or any conclusions drawn therefrom. The Plan of Correction does not constitute an admission on the part of the Community that the findings cite are accurate or that the findings constitute a deficiency. Any changes to Community policies and procedures may be remedial measures as a court of law considers in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil Procedure and the Plan of Correction is inadmissible in any legal proceeding on this basis. The Community submits this Plan of Correction with the intention that it be inadmissible by all third parties in any civil or criminal action against the Community or any employee, agent, officer, director, attorney or shareholder of the Community.</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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R0052	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to immediately monitor residents after an act of sexually aggressive behavior and the facility failed to develop and implement a plan to prevent further sexual aggression and other aggressive behaviors for 2 of 3 residents reviewed for prevention of resident to resident abuse (Residents #23 and #17). This deficient practice impacted Residents ##5, #22, #30, #31.</p> <p>Findings Include:</p> <p>1.) Resident #17's record was reviewed on 11/26/12 at 9:35 a.m.</p> <p>Resident #17's current diagnoses included, but were not limited to, dementia and renal insufficiency.</p> <p>A review of Resident #17's "Care Notes" from 5/29 through 7/1/12 included, but were not limited to, the following behavioral concerns:</p>	R0052	<p>January 8, 2013 Tag R 0052Revised Plan of Correction The Director of Memory Care and the Director of Nursing will review each situation when inappropriate behaviors are reported by the staff. If it has been determined that the behaviors are at a level where the other residents must be protected from the aggressive resident, the Director of Memory Care and the Director of Nursing will be responsible for making a joint decision to either put a monitoring system into effect (1:1 or frequent visualization) or to transfer the aggressive resident to another facility. The attending physician will be contacted when deemed appropriate. In the event the Director of Memory Care or the Director of Nursing is not available (vacation, sick, etc.), the Department Manager who is available will be responsible for making monitoring / transfer decision.</p> <p>The appropriate type and</p>	01/25/2013			

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	<p>a.) 5/29/12, (no time) - Resident #17 was in another resident's room and was sexually inappropriate with the other resident. A staff member was assigned to sit with Resident #17.</p> <p>b.) 5/30/12, 11:35 a.m. - Resident #17 was supervised and became angry with the supervision. He believed he owned the building and wanted everyone out.</p> <p>c.) 6/7/10, 1:30 p.m. - Resident #17 was entering other resident's room and going through their closets and drawers. Resident #17 was redirected without success. He believed he had permission to look for "hidden items."</p> <p>d.) 6/10/12, 12:20 p.m. - Resident #17 approached a female resident and kissed her on the mouth. Female resident pulled her head away.</p> <p>e.) 6/10/12, 2:45 p.m. - Resident #17 roaming into other resident's rooms.</p> <p>f.) 6/11/12, 6:35 a.m. -Resident #17 seen having inappropriate sexual contact with another resident.</p> <p>g.) 6/11/12, 7:30 p.m. - Resident #17 struck another resident in the left temple.</p>		<p>timeframe of monitoring to be employed for an aggressive resident will be based on the clinical expertise of our Director of Memory Care, our Director of Nursing, the attending physician (where appropriate) and using our Resident Monitoring Policy.</p> <p>A mandatory In-service for all Reflections Memory Care staff will be held on Thursday, January 10,2013 where the Resident Monitoring Policy will be reviewed and distributed to all staff members.</p> <p>The Director of Memory Care and the Director of Nursing are responsible for ensuring that all Residents are protected from an Aggressive Resident.</p> <p>December 27, 2012 Tag R 0052 Corrective Action 1. The facility will complete resident location monitoring check sheets for the residents being monitored to ensure their whereabouts. These check sheets will be kept in a separate 3 ring binder from their medical record and the</p>				

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	<p>h.) 6/15/12 (no time) -Resident #17 asked the staff member to go to bed with him. "He threatened to tell the nurse I knocked him unconscious. He said 'you will be sorry' when I repeatedly told him he was not allowed to make inappropriate comments to me."</p> <p>i.) 6/16/12, 12:00 p.m.- Resident #17 approached a female resident trying to kiss her. His lips were puckered. Staff stepped between the residents. Resident #17 then attempted to approach another resident.</p> <p>Resident #17 had a 5/29/12 "Psychiatry Progress Note and Treatment Summary" which indicated he had a history of sexually inappropriate behaviors. Has told staff "he was trying to get the women in the mood." "Staff will monitor, set limits, &amp; provide redirection."</p> <p>A 6/11/12, "Fax/Incident Report" indicated Resident #17 was sexually inappropriate with Resident #30 on 6/10/12 and 6/11/12. The report indicated both residents had dementia. The report also indicated Resident #17 was being started on Deprovera to reduce sexual desire and aggression. A 6/11/12, 6:35 a.m., "Universal Accident and Incident Report" indicated Resident #17</p>		<p>check sheets will be organized in date order. 2. The facility will implement a policy "Behavior Monitoring and Documentation" indicating the reason for the monitoring and duration. The policy provides an initial monitoring period of 72 hours following an episode of inappropriate behavior unless the behavior warrants transfer of the resident to an inpatient hospital facility. In-services 1. In-services for the staff will begin on January 3, 2013 and will be completed on January 10, 2013. Systemic Measures 1. The Director of Memory Care will compile monitoring sheets weekly for review to ensure that proper documentation is completed by the nursing staff. 2. Residents who are on specific behavior management plan will be reviewed bi-weekly until the specific program is no longer warranted. 3. A summary of the Behavior Monitoring and Documentation events by resident will be presented at the quarterly Quality Assurance meeting.</p>				

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	<p>touched Resident #30's breast while both residents were in the dinning room.</p> <p>A 6/12/12, "Fax/Incident Report" indicated Resident #17 struck Resident #5 on 6/11/12. The report indicated both residents had dementia. Review of a 6/11/12, 6:00 p.m., "Universal Accident and Incident Report" indicated Resident #17 struck Resident #5 in the left temple.</p> <p>A review of Resident #17 Service Plans from 3/12 to current indicated Resident #17 had a 3/19/12 Service Plan that did not address sexually or physically aggressive behaviors. Resident #17's Service Plan was not updated to address aggression and sexually behaviors until 11/1/12.</p> <p>Resident #17's "Behavioral Management Narrative Notes" for October 2012 included, but were not limited to, the following:</p> <p>10/13/12, 6:30 a.m.- Resident #17 asked a female resident in the dining area "ya wanna screw?"</p> <p>10/13/12, 8:15 a.m.- Resident #17 grabbed nurse in genital area.</p> <p>10/13/12, 10:00 a.m.- Resident #17</p>						

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	<p>holding another male resident's hand and rubbing his leg.</p> <p>10/13/12, 10:45 a.m.-Resident #17 was sexually verbal with a staff member.</p> <p>10/13/12, 7:30 p.m.-Resident #17 was trying to get a female resident to sit on his lap. Pulling on the back of her clothes to get her to sit down.</p> <p>10/30/12, 12:00 a.m.-Resident #17 threatened to slap staff and pulled fire alarm.</p> <p>A review of Resident #17 Service Plans from 3/12 to current indicated Resident #17 had a 3/19/12 Service Plan that did not address sexually or physically aggressive behaviors. Resident #17's Service Plan was not updated to address aggression and sexually behaviors until 11/1/12.</p> <p>Resident #17's record lacked:</p> <ul style="list-style-type: none"> <li>a.) Documentation of ongoing monitoring and/or supervision after the above events.</li> <li>b.) A Service Plan to address sexual or physical aggression prior to November 2012.</li> <li>c.) Record of him receiving the medication Deprovera at any time.</li> </ul>						

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	<p>2.) Resident #23's record was reviewed on 11/26/12 at 1:00 p.m.</p> <p>Resident #23's current diagnoses included, but were not limited to Alzheimer's disease and anxiety.</p> <p>An 8/16/12 "Fax/Incident Report" indicated on 8/15/12 Resident #23 had entered Resident #31's room and fondled Resident #31's genitals. The report indicated both residents had dementia. An 8/15/12, 10:00 p.m., "Universal Accident and Incident Report" indicated Resident #23 was found in Resident #31's room fondling Resident #31's genitals.</p> <p>A behavior monitoring log indicated that behavior monitoring had not occurred for Resident #23 until 8/16/12 at 2:00 p.m. ( 16 hours after the event).</p> <p>3.) During a 11/27/12, 10:30 a.m. interview, the Memory Care Director indicated the following:</p> <p>a.) The facility did not have documentation of monitoring of Resident #17 following the above documented events.</p> <p>b.) She did not know if Resident #17 was</p>						

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	<p>supervised following behaviors how multiple events could occur in a 48 hour period of time.</p> <p>c.) The facility did not have any policy procedure about how long a resident would be monitored after a behavioral event and/or under what conditions the monitoring would be discontinued.</p> <p>d.) Resident #17 never received the medication Deprovera because the medication was not covered by insurance.</p> <p>e.) Resident #23 was not immediately monitored after the 8/15/12 event. Monitoring did not occur until the afternoon of 8/16/12. She additionally indicated this was not good practice.</p> <p>4.) During an 11/27/12, 12:45 p.m. interview, the Memory Care Director indicated the March 2012 and November 2012 Service Plans for Resident #17 were the only Service Plans for the resident.</p> <p>5.) Review of a current, 9/11, facility policy titled "Abuse Prevention Policy", which was provided by the Memory Care Director, indicated the following:</p> <p>"15. All instances of resident sexual</p>						

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	<p>activity in a non-married or non-committed relationship are to be reported to the nurse on duty and administration in order to facilitate evaluation to rule out sexual abuse. ..."</p> <p>"16. Interventions will be initiated to minimize non-consensual sexual encounters through the development of behavior managements plans."</p>			

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R0144	<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 and interview, the facility failed to ensure the residents' environment was clean and in good repair for 2 of 2 units. This deficient practice had the potential to impact 31 of 31 residents residing in the facility.</p> <p>Findings include:</p> <p>During the environmental tour on 11/27/2012 at 1 p.m., with the Maintenance Director, the following was observed:</p> <p>First floor:</p> <p>Laundry room: lots of paper debris on the floor</p> <p>The return air vent by the dining room and hallway fire doors had a build-up of dust.</p> <p>Rooms 123, 125, and 126's divider wall separating the resident's area, was marred and chipped 12-18 inches up the wall. At the time of the observation, the Maintenance Director indicated the rooms were being painted and patched when</p>	R0144	<p>January 18, 2013 Tag R 0144 We have requested the vendors to submit their carpet and vinyl bids by February 15, 2013 and to plan to begin installation by March 15, 2013. We anticipate the completion date for replacing the carpet will be April 1, 2013. December 27, 2012 Tag R 0144 In accordance with the ISDH Sanitation and Safety Standards, the following steps have been taken to ensure compliance. First Floor The Laundry Room had lots of paper debris. The area has been thoroughly cleaned. The Housekeeping Department has implemented a weekly cleaning schedule. The area is also locked at all times so residents have no access. to the area. Deficiency Corrected. The return air vent by the dining room and hallway fire doors had a build-up of dust. The vent has been thoroughly cleaned and a new filter has been installed. We have changed the preventative maintenance cleaning schedule from every three months to every two months for the vent. Deficiency Corrected The divider wall in rooms 123,125 and 126 were marred and chipped. All areas identified have been patched and painted. The</p>	04/01/2013			

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	<p>residents moved out.</p> <p>There were discolored areas on the carpet outside the bathroom in the lounge. At that time during interview, the Maintenance Director indicated these areas were from bleach spills. There was also a large red stain on the carpet by the wall outside the bathroom.</p> <p>There was a large area of dark to red staining under the first table on the left in the dining room.</p> <p>Second Floor:</p> <p>There was staining on the carpet in the dining room at the entryway to the Kitchenette.</p> <p>Three (3) of 6 of the tables in the dining room were soiled with splatters on the legs and the base.</p> <p>There were discolored areas in the carpet outside the bathroom in the lounge. At that time during interview, the Maintenance Director indicated the areas were from bleach and were on the carpet before his employment around a year ago.</p> <p>During interview with the Maintenance Director on 11/27/12 at 1:32 p.m., he provided a capital budget request for 2013</p>		<p>Maintenance Department has added this item to the monthly inspection list for the Reflcetions unit. When identified, these areas will be repaired immediately. Deficiency Corrected. Second Floor Three of the six tables in the 2nd floor dining room were soiled with food splatters on the legs and base of the table. The bases and legs of the tables have been thoroughly cleaned. The legs and bases of all the dining room tables are cleaned on a daily basis. The inspection was conducted right after the lunch meal and the staff had not yet started the cleaning process. Deficiency Corrected. Carpet - We have begun discussions with our Corporate Office with regards to submitting a Capital Equipment Request to replace the carpet in those areas of the unit that were cited. We will be replacing the carpet in the two dining rooms and the two living areas. To select the carpet, obtain bids and schedule installation, it is estimated that it will take approximately 90 days to complete this project.</p>				

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	that included a request to replace the carpet in the common areas of the unit. He indicated the expenditure had not been approved.				

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R0241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were available for administration and were administered in the form recommended by the manufacturer and facility pharmacy for 3 of 5 residents observed during medication pass. (Resident # 2, # 14 and # 1)</p> <p>Findings include:</p> <p>1. During a medication pass observation with LPN # 1 on 11/27/12 at 7:47 a.m., LPN # 1 set up Resident # 2's medications including Metoprolol ER 25 milligrams (treatment of hypertension). She then crushed all the resident's medication and placed it into a cup of MED PASS (liquid nutritional supplement) and the resident then drank the medication.</p> <p>The record for Resident # 2 was reviewed on 11/27/12 at 8:25 a.m.</p> <p>Current physician orders for November 2012 indicated an order for Metoprolol</p>	R0241	<p>December 27, 2012 Tag - R 0241 Corrective Action 1. The Director of Nursing has placed a 16 page document titles"Oral Dosage Forms That Should Not Be Crushed" on each unit in the front of the Medication Administration Record for Nurses to reference during their medication passes. The information was made available to the Nursing Staff as of November 27, 2012. 2. An audit of resident's medications will be conducted monthly to determine if medications are able to be crushed beginning December 19, 2012. Pharmacy will assist with the audits during their bi-monthly reviews. In-services 1. The Plan of Correction in-service will be held on January 10, 2013 on proper pill administration in regards to crushing or modifying medications by placing them in applesauce, pudding or water. 2. The Nursing Staff will notify the resident's Physician when a resident is no longer able to swallow a pill whole so that the Physician may determine if</p>	01/25/2013			

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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			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Succ ER 25 milligrams daily. The orders also indicated "...May crush appropriate medications..."</p> <p>2. During a medication pass observation with LPN # 1 on 11/27/12 at 8:10 a.m., LPN set up Resident # 14's medications and indicated the resident's Quinapril 10 milligrams (antihypertensive) was not available for administration. She indicated the medication had been reordered yesterday.</p> <p>The record for Resident # 14 was reviewed on 11/27/12 at 9 a.m.</p> <p>Current physician orders for November 2012 indicated an order for Quinapril 10 milligrams twice daily.</p> <p>3. During a medication pass observation with LPN # 1 on 11/27/12 at 8:15 a.m., LPN # 1 set up Resident # 1's medications including Aspirin EC (enteric coated) 81 milligrams. She then crushed all the resident's medications and mixed it with MED PASS and the resident drank it.</p> <p>The record for Resident # 1 was reviewed on 11/27/12 at 9:10 a.m.</p> <p>Current physician orders for November 2012 indicated an order for Aspirin EC 81 milligrams to be given daily.</p>		<p>modification of the resident's medication is needed and / or determine the correct medication for crushing. Systemic Measures 1. The Director of Nursing will have a mandatory in-service on January 10, 2013 on proper pill administration in regards to crushing or modifying medication. 2. Monthly audits of the resident's medications will be conducted to determine if medications are able to be crushed beginning December 19, 2012. Pharmacy will assist with these audits during their bi-monthly reviews. 3. A 16 page document titles "Oral Dosage Forms That Should Not Be Crushed" will remain on each unit in front of the Medication Administration Record for Nurses to reference during medication passes. 4. Nurses who continue to crush medications that are not to be crushed will face disciplinary action with the understanding that future offenses could occur and include possible termination.</p>				

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	<p>A form titled "Administration of Medications" was provided by the Director of Nursing on 11/27/12 at 10:50 a.m., and deemed as current. She indicated at that time, this form was used as an educational tool and the facility policy for medications administration. The form indicated: "...Procedure...Some tablets may be crushed and dissolved in water or be given with pudding or applesauce, others cannot...Rationale...Check drug reference before crushing medication...."</p> <p>A document titled "Oral Dosage Forms That Should Not Be Crushed" was provided by the Director of Nursing on 11/27/12 at 2:01 p.m. This document indicated Aspirin EC could not be crushed because it was enteric-coated and Metoprolol ER could not be crushed because it was slow-release. At this time during interview, the Director of Nursing indicated she would place this document in each units Medication Administration Record.</p>				