

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 04/04/2012
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3025 W SYCAMORE ST KOKOMO, IN 46901
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R0000	<p>This visit was for the Investigation of Complaint IN00106290.</p> <p>Complaint IN00106290 - Substantiated. State residential findings related to the allegations are cited at R088 and R144.</p> <p>Survey date: April 4, 2012</p> <p>Facility Number: 011075 Provider Number: 011075 AIM Number: N/A</p> <p>Survey Team: DeAnn Mankell, R.N., T.C.</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 3</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/09/12 by Suzanne Williams, RN</p>	R0000		

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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R0088	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator</p> <p>Based on interview, the facility failed to have an administrator with a license in the building. This affected 31 of 31 residents.</p> <p>Findings include:</p> <p>1. Upon entrance to the building on 04/04/2012 at 9:10 A.M., a request was made to meet the administrator. During an interview with the AIT (Administrator in Training) on 04/04/2012 at 9:20 A.M., she indicated there was no administrator in the building and she was in training and had passed the first of two tests needed for her to become an administrator. She indicated she had a supervisor who was an Administrator, but that person was not the administrator at this facility. She indicated when the last administrator had resigned in October</p>	R0088	<p>The following is the Plan of Correction for Sterling House of Kokomo in regards to the Statement of Deficiencies for the complaint survey completed on 4-4-12 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</p>	05/03/2012			

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	<p>2011, the ISDH had allowed the Health and Wellness Director to be a temporary administrator. She said the Health and Wellness Director had been fired on February 24, 2012. Since that time there was no administrator of record in the building.</p> <p>This state residential tag relates to complaint IN00106290.</p>		<p>improvement to satisfy that objective.</p> <p><u>R 088 410 IAC 16.2-5-1.3 ©(1-2) (d) (1-2) Administration and Management (non-compliance)</u></p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <ul style="list-style-type: none"> · A letter will be sent to the ISDH requesting that the current HWD be named as the provisional administrator until the current Administrator in Training is fully licensed. The new HWD is a licensed nurse who started at this community on 4-10-12. · The current AIT will continue to operate under the supervision of the area director (a licensed Administrator). <p><i>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> · The Health and Wellness Director of the Sterling House has been designated in a letter to ISDH as the person in charge of the community in the absence of an administrator. · This individual has over 30 years of experience as a licensed nurse. She has access to other Brookdale Senior Living Executive Directors in the event there is a need to discuss any issues that arise, as well as support from her Regional Leadership team. · For this reason, we could identify no additional residents at risk due to the absence of a licensed administrator for the time in question. <p>What measures will be put in place or what systemic changes will the</p>				

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			<p>facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> The community has requested a provisional license for the current Health and Wellness Director. In addition, the area director (a licensed administrator) will provide supervision and oversight to this community until the AIT is fully licensed. <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</p> <ul style="list-style-type: none"> The Regional Vice President will continue to provide operational oversight to this community on a weekly basis in order to support the area director, AIT and provisional administrator. <p>By what date will these systemic changes be implemented?</p> <ul style="list-style-type: none"> 5-3-12 <p><u>R 144 410 IAC 16.2-5-1.5 (a) Sanitation and Safety Standards (deficiency)</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ul style="list-style-type: none"> Purchase orders have been obtained in order to replace the carpeting in Apartments 102, 104, 108, and 601. The carpeting in apartment 202 will be cleaned. The carpeting in apartment 502 was brand new at the time of survey and required only light vacuuming. 	

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			<p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> The Maintenance Tech has visualized the carpeting in other apartments, in order to develop a cleaning and/or replacement schedule. The community will continue to adhere to the provisions noted in the residency agreement, and signed by all current residents and/or responsible parties, which addresses their responsibility and obligations with respect to the condition and maintenance of a suite. In this section of the residency agreement, the resident and/or responsible party affirms that their suite was received in satisfactory condition. It also provides that, subject to normal wear and tear, the Resident will maintain and surrender the suite in good condition. The Resident also agrees to pay for any damages to the suite or community property. The community may charge the resident and/ or the responsible party for cleaning. <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> <ul style="list-style-type: none"> Residents in apartments will continue to receive scheduled housekeeping , laundry, and meal service as part of their rent. Other services are available, and will be provided, at a charge, based on requests and / or needs and preferences. It is the practice that when a resident vacates an apartment, the community will then clean, repaint/repair/replace any flooring which cannot be cleaned, prior to moving a 	

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			<p>new resident into that apartment.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</p> <ul style="list-style-type: none"> · The Maintenance Tech will be provided with a schedule for provision of routine carpet cleaning of all apartments and common areas. · The Regional Maintenance Director will be responsible for monitoring adherence to this schedule, and will require the Maintenance Director to submit proof of routine carpet cleaning on a quarterly basis and ongoing. <p>By what date will these systemic changes be implemented?</p> <ul style="list-style-type: none"> · 5-3-12 	

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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 floors were clean of dirt, debris and stains, in 6 of 7 residents' rooms observed (Rooms 102, 104, 108, 202, 502, and 601).</p> <p>Findings include:</p> <p>1. Room 102 was observed on 04/04/2012 at 2:20 P.M. with the AIT (Administrator in Training). The floor had numerous black spots on the carpeting. The AIT indicated the carpet needed to be replaced.</p> <p>2. Room 104 was observed on 04/04/2012 at 2:21 P.M. with the AIT (Administrator in Training). The floor had a large, bright pink stain on the carpeting, which was approximately 30 inches x 8 inches, under the recliner. There were black particles on the floor in the bathroom and just outside the bathroom. The shower floor was dirty. The AIT indicated the facility had tried to clean the pink stain, but the facility couldn't get the pink up. She indicated the carpet needed to be replaced.</p>	R0144	<p><u>R 144 410 IAC 16.2-5-1.5 (a) Sanitation and Safety Standards (deficiency) What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? · Purchase orders have been obtained in order to replace the carpeting in Apartments 102, 104, 108, and 601. · The carpeting in apartment 202 will be cleaned. · The carpeting in apartment 502 was brand new at the time of survey and required only light vacuuming. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? · The Maintenance Tech has visualized the carpeting in other apartments, in order to develop a cleaning and/or replacement schedule. · The community will continue to adhere to the provisions noted in the residency agreement, and signed by all current residents and/or responsible parties, which addresses their responsibility and obligations with respect to the condition and maintenance of a suite. In this section of the</u></p>	05/03/2012			

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	<p>3. Room 108 was observed on 04/04/2012 at 2:22 P.M. with the AIT (Administrator in Training). The floor had a blue/gray carpet which had 3 white spots measuring from 3 inches to 6 inches. The AIT indicated this carpet was original and the facility was changing out the carpet when the residents left and before a new resident arrived.</p> <p>4. Room 202 was observed on 04/04/2012 at 2:23 P.M. with the AIT (Administrator in Training). The floor had one 3 inch spot on the floor.</p> <p>5. Room 502 was observed on 04/04/2012 at 2:24 P.M. with the AIT (Administrator in Training). The floor had brown loose spots on the floor. The AIT indicated the carpet was new and it just needed to be vacuumed.</p> <p>6. Room 601 was observed on 04/04/2012 at 2:25 P.M. with the AIT (Administrator in Training). The floor had approximately 30 dark brownish spots ranging in size from 1/2 inch to 5 inches on the carpeting. The AIT indicated the facility was unable to get the spots out of the carpet and it should be replaced.</p> <p>During an interview with the AIT on 04/04/2012 at 2:30 P.M., she indicated she did not have any purchase orders for</p>		<p>residency agreement, the resident and/or responsible party affirms that their suite was received in satisfactory condition. It also provides that, subject to normal wear and tear, the Resident will maintain and surrender the suite in good condition. The Resident also agrees to pay for any damages to the suite or community property. The community may charge the resident and/ or the responsible party for cleaning. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? · Residents in apartments will continue to receive scheduled housekeeping , laundry, and meal service as part of their rent. Other services are available, and will be provided, at a charge, based on requests and / or needs and preferences. · It is the practice that when a resident vacates an apartment, the community will then clean, repaint/repair/replace any flooring which cannot be cleaned, prior to moving a new resident into that apartment. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? · The Maintenance Tech will be provided with a schedule for provision of routine carpet cleaning of all apartments and</p>				

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	<p>the carpeting that needed to be replaced.</p> <p>This state residential tag relates to complaint IN00106290.</p>		<p>common areas. · The Regional Maintenance Director will be responsible for monitoring adherence to this schedule, and will require the Maintenance Director to submit proof of routine carpet cleaning on a quarterly basis and ongoing. By what date will these systemic changes be implemented? · 5-3-12</p>				