STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KOKOMO PLACE ASSISTED LIVING	3025 W SYCAMORE ST, KOKOMO, , 46901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake IN00464895. Complaint IN00464895-State deficiencies related to the allegations were cited at R0045. Survey date: October 15, 2025 Facility number: 011075 Residential Census: 41 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 21, 2025.	R 0000	Resident B was affected by the deficiency. Resident B no longer lives in the Community. No other resident was affected by the deficiency as no other resident discharge or transfers have taken place. Corporate clinical RN educated Executive Director on proper procedures and the Indiana Long term Care Ombudsman Program and reviewed forms for transfers and discharges on 10/28/25 Ongoing monitoring will continue for the next 6 months with all paperwork for discharge/transfers sent to corporate RN for review and approval. Monitoring will end if there aren't any findings by Corporate	

			RN during that 6 month period. Date of Compliance 10/28/25	
R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9) (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative	R 0045	Resident B was affected by the deficiency. Resident B no longer lives in the Community. No other resident was affected by the deficiency as no other resident discharge or transfers have taken place. Corporate clinical RN educated Executive Director on proper procedures and the Indiana Long term Care Ombudsman Program and reviewed forms for transfers and discharges on 10/28/25 Ongoing monitoring will continue for the next 6 months with all paperwork for discharge/transfers sent to corporate RN for review and approval. Monitoring will end if there aren’t any findings by Corporate RN during that 6 month period. Date of Compliance 10/28/25	10/28/2025

services, who may assist with placement decisions.

(vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).

(B) Record the reasons in the resident ' s clinical record.

(C) Include in the notice the items described in subdivision (9).

(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.

(8) Notice may be made as soon as practicable before transfer or discharge when:

(A) the safety of individuals in the facility would be endangered;

(B) the health of individuals in the facility would be endangered;

(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;

(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or

(E) a resident has not resided in the facility for thirty (30) days.

(9) For health facilities, the written notice specified in subdivision (7) must include the following:

(A) The reason for transfer or discharge.

(B) The effective date of transfer or discharge.

(C) The location to which the resident is transferred or discharged.

(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .

(E) The name of the director and the address, telephone number, and hours of operation of the division.

(F) A hearing request form prescribed by the department.

(G) The name, address, and telephone number of the state and

local long term care ombudsman.

(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

Based on interview and record review, the facility failed to ensure the appropriate discharge paperwork was provided to a resident or resident's representative for an involuntary discharge and failed to notify the Ombudsman the resident was given a 30-day notice for 1 of 1 resident reviewed for involuntary discharge. (Resident B)

Findings include:

An email to the Indiana Department of Health, dated 9/18/25 at 1:44 p.m., indicated Resident B was given 30-day notice due to lack of payment for $1,100. The Executive Director (ED) failed to provide the resident with SF49669 (the state form of notice of transfer or discharge) along with appeal rights and SF49831 (the state form of request for hearing). The ED did not notify the Ombudsman that the resident had discharged from the facility until 9/5/25, which was approximately one week after the resident left the facility and approximately five weeks after she provided the resident with

the involuntary discharge letter.

The clinical record for Resident B was reviewed on 10/15/25. The diagnoses included, but were not limited to, osteoarthritis, depression, bipolar II, and chronic pain.

A facility untitled typed document, dated 7/29/25, indicated Resident B was given a 45-day notice as of that date for not paying her rent in January, May and July. She had a rent balance due of $1,100.00. Resident B was advised she could not continue living at the facility unless she paid the past due balance and her August rent. Resident B indicated she understood and had decided to move to an assisted living facility closer to her family and her last day living in the facility would be 8/31/25.

An email, on 9/18/25, the Ombudsman Program Deputy Director had asked the ED if she had provided Resident B with anything other than the 45-day discharge notice she submitted to their website. The ED indicated the 45-day discharge notice was the only paperwork she gave to Resident B.

The discharge paperwork which should have been provided to Resident B prior to her involuntary discharge was the "Notice of Transfer or

Discharge", the "Appeal Rights", and the "Request for Hearing" information pages to protect her rights.

The was no documentation in Resident B's clinical record to indicate the Ombudsman was notified of the involuntary discharge letter when it was given to the resident and the Ombudsman was notified before or after the resident was involuntarily discharged.

During an interview, on 10/15/25 at 1:51 p.m., the ED indicated she did not provide Resident B with the "Notice of Transfer or Discharge", the "Appeal Rights", and the "Request for Hearing".

A current facility policy, titled "Involuntary Transfer-Discharge", with a revision date of 7/29/25 and provided by the ED on 10/15/25 at 2:17 p.m., indicated "...A transfer discharge is deemed involuntary if it is an inter-facility transfer or discharge and if it is instigated by the facility...Inter-facility transfer and discharge mean the movement of a resident to a bed outside of the licensed facility...Reasons for Inter-facility Transfer-Discharge: Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless...The resident has failed,

after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility...Documentation Necessary for Inter-facility Transfer-Discharge. When the facility proposed to transfer or discharge a resident under any of the circumstances mentioned above, the resident's clinical records must be documented. Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to the following: 1. The resident 2. A family member of the resident if known. 3. The resident's legal representative if known. The local long-term care ombudsman program (for involuntary relocations or discharges only) ...Record the reasons in the resident's clinical record. Interfacility Transfer-Discharge Notice Requirements: The notice of transfer or discharge must be made by the facility at least thirty (30) days (unless transfer discharge is deemed an emergency transfer discharge) before the resident is

transferred or discharged. For health facilities, the written notice must include the following: The reason for transfer or discharge. The effective date of transfer or discharge. The location to which the resident is transferred or discharged. A statement is not smaller than the 12-point bold type that reads, "you have the right to appeal the health facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana State Department of Health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal against this transfer or discharge, a form to appeal to the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below." The name of the director, address, telephone number and hours of operation of the division. A hearing request form was prescribed by the

department...."

The citation relates to Intake IN00464895.

Based on interview and record review, the facility failed to ensure the appropriate discharge paperwork was provided to a resident or resident's representative for an involuntary discharge and failed to notify the Ombudsman the resident was given a 30-day notice for 1 of 1 resident reviewed for involuntary discharge. (Resident B)

Findings include:

An email to the Indiana Department of Health, dated 9/18/25 at 1:44 p.m., indicated Resident B was given 30-day notice due to lack of payment for $1,100. The Executive Director (ED) failed to provide the resident with SF49669 (the state form of notice of transfer or discharge) along with appeal rights and SF49831 (the state form of request for hearing). The ED did not notify the Ombudsman that the resident had discharged from the facility until 9/5/25, which was approximately one week after the resident left the facility and approximately five weeks after she provided the resident with the involuntary discharge letter.

The clinical record for Resident B was reviewed on 10/15/25.

	The diagnoses included, but were not limited to, osteoarthritis, depression, bipolar II, and chronic pain. A facility untitled typed document, dated 7/29/25, indicated Resident B was given a 45-day notice as of that date for not paying her rent in January, May and July. She had a rent balance due of $1,100.00. Resident B was advised she could not continue living at the facility unless she paid the past due balance and her August rent. Resident B indicated she understood and had decided to move to an assisted living facility closer to her family and her last day living in the facility would be 8/31/25. An email, on 9/18/25, the Ombudsman Program Deputy Director had asked the ED if she had provided Resident B with anything other than the 45-day discharge notice she submitted to their website. The ED indicated the 45-day discharge notice was the only paperwork she gave to Resident B.			

The discharge paperwork which should have been provided to Resident B prior to her involuntary discharge was the "Notice of Transfer or Discharge", the "Appeal Rights", and the "Request for Hearing" information pages to protect her rights.

The was no documentation in Resident B's clinical record to indicate the Ombudsman was notified of the involuntary discharge letter when it was given to the resident and the Ombudsman was notified before or after the resident was involuntarily discharged.

During an interview, on 10/15/25 at 1:51 p.m., the ED indicated she did not provide Resident B with the "Notice of Transfer or Discharge", the "Appeal Rights", and the "Request for Hearing".

A current facility policy, titled "Involuntary Transfer-Discharge", with a revision date of 7/29/25 and provided by the ED on 10/15/25 at 2:17 p.m., indicated "...A transfer discharge is deemed involuntary if it is an inter-facility transfer or discharge and if it is instigated by the facility...Inter-facility transfer and discharge mean the movement of a resident to a bed outside of the licensed facility...Reasons for Inter-facility Transfer-Discharge: Health

	facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless...The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility...Documentation Necessary for Inter-facility Transfer-Discharge. When the facility proposed to transfer or discharge a resident under any of the circumstances mentioned above, the resident's clinical records must be documented. Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to the following: 1. The resident 2. A family member of the resident if known. 3. The resident's legal representative if known. The local long-term care ombudsman program (for involuntary relocations or discharges only) ...Record the reasons in the resident's clinical record. Interfacility Transfer-Discharge Notice Requirements: The notice of transfer or discharge must be			

made by the facility at least thirty (30) days (unless transfer discharge is deemed an emergency transfer discharge) before the resident is transferred or discharged. For health facilities, the written notice must include the following: The reason for transfer or discharge. The effective date of transfer or discharge. The location to which the resident is transferred or discharged. A statement is not smaller than the 12-point bold type that reads, "you have the right to appeal the health facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana State Department of Health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal against this transfer or discharge, a form to appeal to the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below." The

	name of the director, address, telephone number and hours of operation of the division. A hearing request form was prescribed by the department...." The citation relates to Intake IN00464895.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREAndrea Stonestreet	TITLEExecutive Director	(X6) DATE12/16/2025