

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/23/2023	
NAME OF PROVIDER OR SUPPLIER KOKOMO PLACE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a State Residential Licensure Survey. Survey dates: August 22 and 23, 2023. Facility number: 011075 Residential Census: 27 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on August 30, 2023.	R 0000					
R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of	R 0118	On 8/23/23, immediately upon learning of CNA 2 not having a valid CNA license in her file, Executive Director (ED) attempted to obtain her licensure information. At that time, it was not listed on the state's website so CNA 2 was transitioned to an			08/28/2023	

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adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide. Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) had a valid license while employed for over one year at the facility for 1 of 8 CNAs reviewed for licenses. (CNA 2) Finding includes: CNA 2 had been employed at the facility since 4/25/22. During an interview, on 8/23/23 at 10:50 a.m., the Executive Director indicated CNA 2 had transferred from another facility and the facility missed checking for a valid CNA license. The facility title used for CNAs was Resident Care Partner (RCP). CNA 2 had passed her skills test on 5/24/21 and did not pass her written test until 5/10/23. CNA 2 worked from 4/25/22 until 5/10/23 without a valid CNA license. A current job description, titled "Resident Care Partner," updated on 12/4/2020 and signed by CNA 2 on 7/20/21, indicated "...the Resident Care Partner is responsible for assisting resident with Activities	Activity Assistant role and no longer provided residents with assistance with activities of daily living. On 8/28/23, upon obtaining verification on the state's website that CNA 2's license was effective as of 5/10/23, she was returned to the Resident Care Partner role. On 8/24/23, ED conducted an audit of current direct care staff files to ensure each employee is either a certified nurse aide or home health aide. The staff files were found to be in compliance with this requirement. On 8/23/23, Regional Director of Care Services (RDCS) provided ED with re-education regarding the requirement that any unlicensed employee providing more than limited assistance with activities of daily living must be either a certified nurse aide or home health aide. ED or designee will audit two new employee files weekly x 4 weeks, biweekly x 4 weeks then monthly	
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of Daily Living [ADLs] and Instrumental Activities of Daily Living [iADLS], providing general supervision, and respecting resident's rights and needs of choice...Essential Functions and Responsibilities...Assists residents with ADLS and iADLS including bathing, toileting, grooming, dressing, transferring and eating in accordance with each resident's individual care plan and task sheets...Documents and notifies community leadership team of any changes of resident's physical conditions and behaviors in accordance with Enlivant policies and procedures...Takes resident vital signs when appropriate...Required qualifications...Must meet, have, or be eligible to obtain all applicable state requirements and certifications...Preferred Qualifications...Certified Nursing Assistant...."

Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) had a valid license while employed for over one year at the facility for 1 of 8 CNAs reviewed for licenses. (CNA 2)

Finding includes:

x 1 to ensure any unlicensed employee providing more than limited assistance with activities of daily living is either a certified nurse aide or home health aide.
ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings x 3 months. Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of auditing.

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CNA 2 had been employed at the facility since 4/25/22.

During an interview, on 8/23/23 at 10:50 a.m., the Executive Director indicated CNA 2 had transferred from another facility and the facility missed checking for a valid CNA license. The facility title used for CNAs was Resident Care Partner (RCP).

CNA 2 had passed her skills test on 5/24/21 and did not pass her written test until 5/10/23.

CNA 2 worked from 4/25/22 until 5/10/23 without a valid CNA license.

A current job description, titled "Resident Care Partner," updated on 12/4/2020 and signed by CNA 2 on 7/20/21, indicated "...the Resident Care Partner is responsible for assisting resident with Activities of Daily Living [ADLs] and Instrumental Activities of Daily Living [iADLS], providing general supervision, and respecting resident's rights and needs of choice...Essential Functions and Responsibilities...Assists residents with ADLS and iADLS including bathing, toileting, grooming, dressing, transferring and eating in accordance with each resident's individual care plan and task sheets...Documents and notifies community leadership team of

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	any changes of resident's physical conditions and behaviors in accordance with Enlivant policies and procedures...Takes resident vital signs when appropriate...Required qualifications...Must meet, have, or be eligible to obtain all applicable state requirements and certifications...Preferred Qualifications...Certified Nursing Assistant...."			
R 0300	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(4) (4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date. Based on observation and interview, the facility failed to label residents' medications for 1 of 1 medication cart reviewed for medication storage and labeling. (Resident 3, 14, 27, 28) Findings include:	R 0300	On 8/22/23, the following items were properly labeled 9/24/23 by the Care Services Manager (CSM): one bottle of multivitamin gummies for resident 3, one bottle of Tylenol for resident 27, one bottle of melatonin for resident 28, and two freestyle blood glucose test strips with one bottle of control solution for resident 14. On 8/23/23, CSM completed a MAR to Cart audit to ensure over-the-counter medications, prescription drugs and biologicals were labeled in accordance with currently accepted professional principles and cautionary instructions and the expiration date.The medications, drugs and biologicals	09/24/2023

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During a medication storage observation, on 8/22/23 at 11:37 a.m., the following were observed:

- a. One bottle of multivitamin gummies for Resident 3 without a label or the resident's name.
- b. One bottle of Tylenol for Resident 27 without a label or the resident's name.
- c. One bottle of melatonin for Resident 28 without a label or the resident's name.
- d. Two freestyle blood glucose test strips with one bottle of control solution for Resident 14 without a label or the resident's name.

During an interview, on 8/22/23 at 11:38 a.m., QMA 1 indicated the bottles of medication, freestyle blood glucose test strips and control solution should all have labels with residents' names on them.

During an interview, on 8/23/23 at 10:25 a.m., the Director of Health Services indicated the facility did not have a policy for medication labeling.

were found to be

in compliance with this requirement.

On 8/23/23, RDCS re-educated ED and CSM on the

requirement that over-the-counter medications,

prescription drugs and biologicals used in the facility

must be labeled in accordance with currently accepted

professional principles and include the appropriate

accessory and cautionary instructions and the

expiration date.

By 9/24/23, ED and CSM will re-educate staff certified

to administer medications on the requirement that

over-the-counter medications, prescriptions drugs and

biologicals used in the facility must be labeled in

accordance with currently accepted professional

principles and include the appropriate accessory and

cautionary instructions and the expiration date.

CSM or designee will audit 3 residents' medications

weekly x 4 weeks, biweekly x 4 weeks and monthly

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Based on observation and interview, the facility failed to label residents' medications for 1 of 1 medication cart reviewed for medication storage and labeling. (Resident 3, 14, 27, 28)

Findings include:

During a medication storage observation, on 8/22/23 at 11:37 a.m., the following were observed:

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- c. One bottle of melatonin for Resident 28 without a label or the resident's name.
- d. Two freestyle blood glucose test strips with one bottle of control solution for Resident 14 without a label or the resident's name.

During an interview, on 8/22/23 at 11:38 a.m., QMA 1 indicated the bottles of medication, freestyle blood glucose test strips and control solution should all have labels with residents' names on them.

During an interview, on 8/23/23 at 10:25 a.m., the Director of Health Services indicated the

x 1 month to ensure over-the-counter medications, prescription drugs and biologicals are labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date.

ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings x 3 months. Quality Improvement Committee will determine if continued auditing is necessary based on the three consecutive months of auditing.

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FORM APPROVED

OMB NO. 0938-0391

	facility did not have a policy for medication labeling.			
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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 SIGNATURE	TITLE	(X6) DATE
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