STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOM AT KOKOMO	2800 S DIXON RD, KOKOMO, , 46902

(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: October 1 and 2, 2025 Facility number: 011366 Residential Census: 95 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 10, 2025.	R 0000	This Plan of Correction constitutes the written allegation of the compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that the deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. Bloom at Kokomo desires this Plan of Correction to be considered the community's Allegation of Compliance. Compliance is effective October 23,2025.	
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.	R 0410	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All residents identified (Residents #41, #61, #97, and #98) had their tuberculosis screening records reviewed. Documentation has been updated with a late entry note clarifying that the tests were read within the required 48 - 72 - hour timeframe. No fabricated or	10/24/2025

(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

Based on interview and record review, the facility failed to ensure two-step tuberculosis screenings included documentation the tests were read 48-72 hours after administration for 4 of 7 residents reviewed for tuberculosis screening. (Resident 41, 61, 97 and 98)

Findings include:

1. The clinical record for Resident 41 was reviewed on 10/2/25 at 1:10 p.m. The diagnoses included, but were not limited to, high cholesterol, hypertension, and pre-diabetes.

A tuberculosis screening record for Resident 41 indicated the first-step test was completed on 4/25/25 and a second-step test was completed on 5/10/25.

estimated times were entered. Nursing staff verified that testing was performed according to policy, and no residents were found to have adverse outcomes as a result of this deficient practice.

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:

A 100% audit of all current residents' tuberculosis screening documentation was completed by the Wellness Director and/or designee to ensure completeness. Any missing documentation was corrected through a late entry note consistent with policy, stating that the test was performed and read within the required timeframe. All records were verified for accuracy.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

The TB Testing - Resident policy was reviewed and TB testing screening form has been revised to require documentation of both the date and exact time of administration and reading of Mantoux tests. Nursing staff were re-educated on October 14, 2025, by the Wellness Director regarding proper TB test documentation. The Wellness Director or designee will

	There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to seventy-two (72) hours following administration. 2. The clinical record for Resident 61 was reviewed on 10/2/25 at 1:20 p.m. The diagnoses included, but were not limited to, dementia, hypertension, and diabetes mellitus. A tuberculosis screening record for Resident 61 indicated the first-step test was completed on 3/1/25 and a second-step test was completed on 3/18/25. There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to seventy-two (72) hours following administration. 3. The clinical record for Resident 97 was reviewed on 10/2/25 at 1:23 p.m. The diagnoses included, but were not limited to, anemia, glaucoma, and dementia. A tuberculosis screening record for Resident 97 indicated the first-step test was completed on 3/19/25 and a second-step test was completed on 3/31/25. There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to		ensure that all new admissions and annual TB testing include completed documentation. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Wellness Director or designee will conduct weekly audits for 4 weeks, then monthly for 3 months, of all new TB test documentation to ensure compliance. Audit findings will be reviewed during monthly Quality Assurance and Performance Improvement meetings. Continued compliance will be monitored through the facility's ongoing QAPI program, and additional corrective actions will be taken as needed. By what date the systemic changes will be completed. All corrective actions and staff education will be completed by October 24, 2025.	

seventy-two (72) hours following administration.

4. The clinical record for Resident 98 was reviewed on 10/2/25 at 1:27 p.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disorder, epilepsy, heart failure, and atrial fibrillation.

A tuberculosis screening record for Resident 98 indicated the first-step test was completed on 6/15/25 and a second-step test was completed on 7/1/25. There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to seventy-two (72) hours following administration.

During an interview, on 10/2/25 at 1:45 p.m., the Director of Nursing (DON) indicated the tuberculosis tests needed to indicate the date and time the test was given and read. The residents' tests did not show the time it was given or read.

During an interview, on 10/2/25 at 1:54 p.m., the Administrator indicated the two step tests did not have times when the test was given or read. The facility policy indicated the tests were to be read within 48 hours.

A current facility policy, titled "TB Testing - Resident," dated as last revised in May 2012 and

received from the Administrator on 10/2/25 at 1:35 p.m., indicated "...The first step of the Mantoux test shall be read within forty-eight (48) to seventy-two (72) hours following administration of the Mantoux. The second step is performed at least seven (7) but not more than twenty-one (21) days after the first step is given...."

Based on interview and record review, the facility failed to ensure two-step tuberculosis screenings included documentation the tests were read 48-72 hours after administration for 4 of 7 residents reviewed for tuberculosis screening. (Resident 41, 61, 97 and 98)

Findings include:

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3. The clinical record for Resident 97 was reviewed on 10/2/25 at 1:23 p.m. The diagnoses included, but were not limited to, anemia, glaucoma, and dementia.

A tuberculosis screening record for Resident 97 indicated the first-step test was completed on 3/19/25 and a second-step test was completed on 3/31/25. There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to seventy-two (72) hours following administration.

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not limited to, chronic obstructive pulmonary disorder, epilepsy, heart failure, and atrial fibrillation.

A tuberculosis screening record for Resident 98 indicated the first-step test was completed on 6/15/25 and a second-step test was completed on 7/1/25. There were no times documented when the tests were given and read to indicate it was within forty-eight (48) to seventy-two (72) hours following administration.

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	administration of the Mantoux. The second step is performed at least seven (7) but not more than twenty-one (21) days after the first step is given...."			

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 SIGNATUREKathy Hopwood	TITLEExecutive Director	(X6) DATE10/21/2025