STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00360994. This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy. Complaint IN00360994 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600, F657 and F740. Survey dates: September 1, 2 and 3, 2021 Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census Bed Type: SNF/NF: 73 Total: 73 Census Payor Type: Medicare: 5 Medicaid: 57 Other: 11 Total: 73 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 13, 2021.	F 0000		
F 0600 SS=J Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review, the facility failed to ensure a resident with a mild intellectual disability and an impulse disorder was free from abuse when the resident and a staff member had a verbal and physical altercation for 1 of 3 residents reviewed for abuse (Resident B and LPN 1). The immediate jeopardy began on August 17, 2021, when Resident B and LPN 1 had a verbal and physical altercation. LPN 1 continued to follow, instigate, and taunt the resident after the resident attempted to remove himself from the situation on two separate occasions. The Executive Director (ED), Director of Nurses (DON) and Regional Director of Clinical Services (RDOC) were notified of the immediate jeopardy at 4:42 p.m., on 9/02/21. The immediate jeopardy was removed on 9/03/21 but noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: An Indiana Department of Health incident report indicated, on 8/18/21, staff reported to the Executive Director (ED) there had been a staff to resident physical altercation.	F 0600	1) Resident James Davis (JD) was identified as being involved in an allegation of abuse with a staff member. Immediate investigation initiated. At time of reported allegation JD was out of facility at dialysis and could not be immediately assessed. Upon return resident refused head to toe assessment, nurse completed visual assessment to identify any visible injuries, no injuries identified. JD was placed on 1:1 for safety. Physician, police and emergency contact notified. Named staff was immediately suspended pending investigation. JD was assessed by psychiatrist for psychosocial well-being. Social service continued to assess patient for 72 hour follow-up with no noted distress. JD's behavior monitoring has been updated with exhibited behaviors and appropriate interventions. The plan of care was updated to reflect behaviors and implemented interventions. 4 PM – Olivia Fouch approaches	09/03/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	The record for Resident B was reviewed on 9/1/21 at 2:10 p.m. Diagnoses included, but were not limited to, end stage renal disease, epilepsy, mild intellectual disabilities, anxiety disorder and impulse disorder. A PASRR Level II, dated 7/1/21, indicated the resident had past behaviors of hitting other residents or staff and a history of attempting to end his life. The resident would need to have rehabilitative services including a behaviorally based treatment plan. The behaviorally based treatment plan was to help the staff know how to best support and manage the resident's symptoms. The progress notes for Resident B were reviewed and indicated the following: On 6/29/21 at 2:23 p.m., a CNA entered the resident's room after lunch to pick up his lunch tray. The resident jumped up out of bed and hit the CNA while yelling and screaming. The CNA left room and the building due to it was the end of her shift. The resident was talked to about his behavior, and it would not be tolerated. The resident was left in his room to de-escalate. No further issues were noted. On 7/23/21 at 10:38 p.m., Resident B went to the nurses' station and accused the staff of arguing over a phone. There was not an argument. The CNA just said "oh its my phone" when asked about it. Resident B became abusive, yelling at staff and shouting. When he was told to go back to his room, he became violent and threw a cup at the CNA and hit her in the arm. He was told this was uncalled for, there was no need to throw things at anyone and to go back to bed and watch TV or something to calm down. The resident went		ED on West unit. Stating she needed to discuss an emergency with ED. 4 PM – ED and Olivia in ED office. Olivia gives statement alleging staff to resident abuse on evening of 8/17/21. Olivia states this occurred between 6-6:10 PM. 4 PM – Immediate investigation initiated 430 PM: MDS, Lori Saunders, speaks with JD to obtain resident statement 5 PM: MDS attempted to conduct skin assessment x3. JD refuses. RDCO attempted x2. JD refuses 530 PM: KOPD contacted – Officer Oliver arrived at facility approx. 6:30 PM · Views cameras · Interviews Olivia (QMA that reported) · Interviews JD 530 PM: Jennifer Hall (emergency contact) of JD contacted by ED 530 PM: Dr. Washington contacted by ED and RDCO 530 PM: Full house education with staff on abuse 530 PM: Full house interview with residents and skin assessments with residents 6 PM: Audit completed of staff files · License verification · Elder Justice Policy Signed · Background check completed and in file 6 PM: Statements from every staff member working on 8/17/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	back to bed. On 7/26/21 at 9:07 a.m., the MD (Medical Director) and Family were notified of the resident's behaviors. On 7/31/21 at 8:13 p.m., Resident B was vocal, angry, and asked for his medications. When the nurse asked if he was going to take them when she brought them down this time, the resident stated in a loud voice no and refused them once again. A CNA entered the resident's room to answer his light, he shouted at her and made an aggressive move towards her. She left the room. He later came out into the hallway and wanted to shout at her then hauled back with a fist and hit the CNA in the face, in front of an alert and oriented witness. The Director of Nursing (DON) and MD were called. The nurse spoke with the resident's sister, she was aware of resident's behaviors and indicated he had been a resident of the State hospital before. She would like him sent there or a local inpatient mental health center before anyone else was hurt. The resident was placed on 1:1. On 7/31/21 at 9:12 p.m., the resident was sent to the hospital and report was called. The resident was to be EDO (Emergency Detention Order) when he arrived at the hospital. On 8/1/21 at 12:44 a.m., Resident B returned to the facility at 12:30 a.m. On 8/6/21 at 10:41 a.m., an Interdisciplinary (IDT) note indicated the resident was upset over medications and made contact with a closed hand to a female staff member once in the jaw and once in the neck. A behavior care plan was update on 8/3/21.		**8/19/21** 5 AM – 10 AM: Completion of education with PRN staff via phone by ED Upon completion of investigation the following disciplinary action occurred: Shannon Rhodes LPN-Terminated Allie Sims CNA- Terminated Mickey Hamilton Hospitality Aide-Terminated Ashley Graves CNA- Terminated Olivia Fouch QMA- Written Education 2) All other residents have the potential to be affected. All residents were interviewed at the time of allegation without any additional allegations of physical abuse. Residents that were on staff members' assignment and all non-interviewable residents that reside in facility had head to toe assessments completed with no identified findings. All staff that worked on date of occurrence were interviewed with no other findings. An audit was conducted on all residents that exhibit behaviors and their behavior monitoring and plan of care were updated accordingly as needed. Resident interviews and head to toe assessments completed 8/18/2021. Staff interviews completed 8/19/2021. Behavior monitoring and plan of care update completed 9/3/2021.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On 8/16/21 at 7:00 a.m., Resident B was at the nurses' station yelling at staff. He grabbed trash bags and tried to hit a CNA with the trash bags. The nurse grabbed the trash bags, and he pushed the nurse into the wall. The CNA tried to intervene, and the resident kicked her twice in the stomach. He was swinging his fists and hit the nurse over and over in her left lower back with a closed fist. The MD, ED, and family were notified. On 8/17/21 at 6:48 p.m., a nurse went to the head of the hall to explain to Resident B, he needed to go back to his room. The resident was yelling and refused to return to his room. He swung at the nurse and hit her in the jaw with his fist. He was just down on the other hall and was in an argument with staff and hit a staff member down there. A Psychiatry progress note, dated 8/19/21, indicated Resident B appeared upset and anxious but was not displaying any physical or verbal aggression. He repeatedly talked of fighting with a nurse. He also stated, he guessed he was not supposed to touch her, and she was not supposed to touch him. He claimed the police were protecting him because he did not lie. He kept saying he was being protected. He denied depression and anxiety but did appear anxious as he talked of the altercation between himself and the nurse. The resident has psychiatric conditions of Impulse Disorder, Anxiety disorder but also intellectual disabilities. He was unable to correctly list the year, month, or location. A review of the facility timeline of events which occurred on 8/17/21 indicated the following: On 8/17/21 at 5:56 p.m., Resident B walked down		3) 100% of staff were educated on the “Indiana Abuse & Neglect & Misappropriation” policy and “Resident Rights” policy, with an emphasis on immediate intervention and immediate reporting. Abuse education will be ongoing quarterly, upon hire, and as needed. 4) IDT will interview 5 residents per week x 3 months to identify any allegations of abuse or misconduct. DON/Designee will audit through observation 5 residents per week x 3 months will be monitored thru weekly skin assessments to identify any skin tears, bruising, or injuries of unknown etiology. IDT will interview 5 staff per week x 3 months to identify any behaviors or events that need intervention or reporting. IDT will review 5 residents per week to ensure behavioral interventions are in place and updated on care plan for residents with behaviors. /p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the hallway and stopped right before the nurses' station. He spoke to CNA 2 behind the desk. He proceeded to walk towards the nurses' station. LPN 1 met him and began pointing at him. She pulled the meal cart to block his path. Resident B shoved LPN 1. LPN 1 pushed Resident B back. They began rolling on the floor and off the view of the cameras. Resident B got up, LPN 1 grabbed his sleeve and pushed him down the hallway. He entered the North dining room. LPN 1 followed him. There was no camera view in the dining room. On 8/17/21 at 5:58 p.m., Resident B came out of the dining room and LPN 1 followed. Resident B walked around the nurses' station towards the therapy door. LPN 1 threw keys and other unknown belongings on the nurses' cart and proceeded to follow Resident B down the hall. On 8/17/21 at 5:59 p.m., Resident B was seen walking from the therapy door towards the nurses' station. LPN 1 was following closely behind him. There was a gap in the camera footage. On 8/17/21 at 6:10 p.m., Resident B walked into the dining room. LPN 1 followed. The resident sat in a chair and LPN 1 was bent down over him speaking. On 8/17/21 at 6:11 p.m., QMA 3 entered the camera view and appeared to talk to LPN 1 as LPN 1 was holding the resident by his head/hair. The scuffle was still continuing. On 8/17/21 at 6:12 p.m., Resident B left the dining room and walked towards the lobby. LPN 1 followed. QMA 3 was seen running to the west hallway to grab LPN 4.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On 8/17/21 at 6:13 p.m., Resident B was sitting in lobby chair by the time clock. LPN 1 was bent down speaking to him. On 8/17/21 at 6:14 p.m., LPN 1 walked away. Resident B got up and walked towards the west hall where he was met by LPN 4 and QMA 3. On 8/17/21 at 6:15 p.m., LPN 1 was seen back on the North unit. Resident B and LPN 4 appeared to be speaking at the end of the West Hall and Resident B hit LPN 4. On 8/18/21 at 4:00 p.m., QMA 3 approached the ED and stated she needed to discuss an emergency with her. QMA 3 indicated the incident from 8/17/21 was not reported correctly. QMA 3 indicated she came in from the employee smoking door and saw LPN 1 "chasing" Resident B down the hall into the dining room. QMA 3 immediately went into the dining room and witnessed LPN 1 grabbing Resident B by his hair, face and was hitting him in the chest. QMA 3 indicated she attempted to intervene, but LPN 1 would not listen. QMA 3 immediately went to the West unit to grab another nurse. During an interview, on 9/22/21 at 10:55 a.m., the ED indicated the initial call she received indicated Resident B had been physical with staff. On 8/18/21, QMA 3 told the ED the altercation was between the resident and LPN 1. The ED further indicated during a review of the camera footage, on 8/17/21 at 5:51 p.m., LPN 1 and Resident B were seen on the ground from the waist down. Their faces could not be seen but they could be seen falling to the ground. Resident B had been physical with staff in the past. On 8/17/21, Resident B was observed walking toward the nurses' station, he stopped and talked to CNA 2.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	LPN 1 was seen pointing to the other end of the hallway. There was a food cart near her, she moved the food cart so there was nothing between LPN 1 and Resident B. Resident B was very close to LPN 1 however was not touching her. He walked to the right of her, she pulled the meal cart over so he could not walk that direction. He tried to go to the left of her and she took a step so he could not go that direction. Resident B then pushed LPN 1 and LPN 1 pushed him back with her hands on his chest. This was when they went to the floor. Resident B stood up, LPN 1 stood up and she pushed his back with her hands. They then went to the North dining room and was off camera. Resident B came out of the dining room and LPN 1 followed him. When Resident B went to the Main dining room he sat down in a chair to the right of the TV. LPN 1 entered the room and leaned over the resident making hand movements. LPN 1 then grabbed the top of his head. The back of the resident's chair was facing the camera, so she was able to see LPN 1's hand on his head and his head leaning to the side. Resident B then kicked towards LPN 1 and LPN 1 pushed his chair into the couch. Resident B then got up and went toward the lobby and sat in a chair on the right. LPN 1 entered the lobby and was seen with her hands moving and hovering over the resident. She then leaves the view of the camera. Resident B had a BIMS (Brief Interview for Mental Status) of 10. He had a mild intellectual disability. During an interview, on 9/2/21 at 1:52 p.m., QMA 3 indicated she had seen LPN 1 and Resident B coming down the hallway. They were both screaming. They went to the main dining room. He was sitting down, and LPN 1 was screaming at him, he had hit her the day before. He was trying to get away and she kept following him. QMA 3 was scared she would be hit by Resident B or LPN			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	1. When LPN 1 followed him to the lobby, she went to get the closest nurse on another hall. She did not see LPN 1 hit the resident, but she did grab his hair and was holding him by his hair. LPN 1 swung at him, but she could not tell if she made contact. She tried to tell LPN 1 to walk away but she would not listen. She thought it would be best to get help. A current facility policy, titled "Indiana Abuse & Neglect & Misappropriation of Property," dated as revised 5/14/20 and received from the acting Director of Nursing at the entrance conference, indicated "...Definitions: Abuse/Battery: Indiana defines abuse/battery as a person who knowingly or intentionally touches another person in a rude, insolent or angry manner or in a rude, insolent or angry manner places bodily fluid or waste on another person. Abuse: I Indiana, the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Willful: In Indiana, the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm...Endangered Adult: In Indiana, an endangered adult is one who meets the following criteria for an individual who: 1) is over 18 years of age, 2) is incapable by reason of mental illness, intellectual disability, dementia, habitual drunkenness, excessive drug user or other physical or mental incapacity...Physical Abuse: In Indiana, is defined as a willful act against a resident by another resident, staff, or other individuals. Examples: hitting, beating, slapping, punching, shoving, spitting, striking with an object, pulling/twisting, squeezing, pinching, scratching, tripping, biting, burning, using overly hot/cold water, and/or improper use of restraints...Policy...It is the intent of this facility to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	prevent the abuse, mistreatment, or neglect of residents or the misappropriation of their property, corporal punishment and/or involuntary seclusion and to provide guidance to direct staff to manage any concerns or allegations of abuse, neglect or misappropriation of their property...." The immediate jeopardy, that began on 8/17/21, was removed on 9/3/21/21, when the facility completed the following: the ED and DON completed education for all staff on "Indiana Abuse & Neglect & Misappropriation policy and "Resident Rights" policy. The facility completed interviews for all residents who could be interviewed and head to toe assessments for residents to determine if they felt safe at the facility and determine if any other abuse had occurred. There were no additional findings during the interviews and assessments. An audit was conducted on all residents who exhibited behaviors and the behavior monitoring and care plans were updated as needed. This Federal Tag relates to Complaint IN00360994. 3.1-27(a)(1)			
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Based on interview and record review, the facility failed to update the care plan for physical aggression for 1 of 3 residents reviewed for care plans (Resident B). Finding includes: The record for Resident B was reviewed on 9/2/21 at 12:30 p.m. Diagnoses included, but were not limited to, impulse control disorder, anxiety disorder, altered mental status, and mild intellectual disability. A PASRR Level II, dated 7/1/21, indicated the resident had past behaviors of hitting other residents or staff and a history of attempting to end his life. The resident would need to have rehabilitative services including a behaviorally based treatment plan. The behaviorally based treatment plan was to help the staff know how to best support and manage the resident's symptoms.	F 0657	a. Resident B's care plan was updated to reflect physical aggression at the time, Resident B no longer resides in the facility. b. All residents have potential to be affected. An audit was completed to ensure all care plans are reviewed/updated in regard to behavior management. Any resident identified with behaviors not currently care planned had care plans updated. c. IDT team and licensed nursing staff will be educated on policy titled, "Plan of Care Overview." d. Facility will audit five care plans a week for behavioral management for 30 days, then	09/28/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A progress note, dated 6/29/21 at 2:23 p.m., indicated the CNA went to the resident's room to get his tray after lunch. The resident jumped out of bed and hit her while yelling and screaming. The CNA left the room and the resident was left in the room to de-escalate. A progress note, dated 7/23/21 at 10:38 p.m., indicated the resident went to the nurses' station and accused the staff of arguing over the phone. The resident became very abusive and was yelling at the staff. The resident was violent and threw a cup at the CNA and hit her in the arm. A progress note, dated 7/31/21 at 8:13 p.m., indicated the resident was very vocal and angry. The CNA entered the room to answer his call light and he shouted at the CNA and made an aggressive move towards her. She left the room and the resident came out into the hallway and was shouting and hit the CNA in the face with his fist. The resident's sister was notified of his behaviors and she indicated the resident had been in the State Hospital and she wanted the resident sent there or to a local mental health facility before anyone else was hurt. A care plan, dated 8/3/21, indicated the resident had aggressive behaviors toward staff such hitting and yelling at them. He would get agitated and angry and would tighten his fist, puff out his chest and get red in the face. The interventions, dated 8/3/21, included to approach the resident from the front and speak in a calm manner, if agitation persisted, ensure the resident's safety, cease interaction and later attempt care/interaction, redirect with cartoons of the resident's liking or talk about some of his favorite characters and validate the resident concerns.		three care plans a week x 30 days, then five care plans a month x 1 month. All findings will be reported to the QAPI committee to determine when compliance is achieved or if ongoing monitoring is required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	The care plan was not update to include the resident's physical aggression until the resident had displayed three episodes of aggression. A current policy, titled " Plan of Care Overview," dated as revised on 7/26/2018 and received from the DON on 9/3/21 at 12:50 p.m., indicated "...for the purpose of this policy the Plan of Care, also Care Plan is the written treatment provided for a resident that is resident-focused and provides for optimal personalized care...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. Safety is a primary concern for our residents, staff and visitors...Review care plans quarterly and/or with significant changes in care...." This Federal Tag relates to Complaint IN00360994. 3.1-35(b)(1) 3.1-35(d)(2)(B)			
F 0740 SS=D Bldg. 00	483.40 Behavioral Health Services §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. Based on interview and record review, the facility failed to have a behavioral health plan in place for	F 0740	a. Resident B had behavioral health plan updated and put in	09/28/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	a resident with known physically aggressive behaviors for 1 of 3 residents reviewed for abuse (Resident B). Finding includes: The record for Resident B was reviewed on 9/2/21 at 12:30 p.m. Diagnoses included, but were not limited to, impulse control disorder, anxiety disorder, altered mental status, and mild intellectual disability. A PASRR (preadmission screening and resident review), dated 6/21/21, indicated the resident had a mental health and intellectual disability and developmental disability/related condition and needed a PASRR Level II. The resident had an impulse control disorder and resided in a State Hospital prior to admission to the long term care facility. A PASRR Level II, dated 7/1/21, indicated the resident had past behaviors of hitting other residents or staff and a history of attempting to end his life. The resident would need to have rehabilitative services including a behaviorally based treatment plan. The behaviorally based treatment plan was to help the staff know how to best support and manage the resident's symptoms. A progress note, dated 6/29/21 at 2:23 p.m., indicated the CNA went to the resident's room to get his tray after lunch. The resident jumped out of bed and hit her while yelling and screaming. The CNA left the room and the resident was left in the room to de-escalate. The electronic record did not include an interdisciplinary team (IDT) meeting about the		place at the time. Resident B no longer resides in the facility. b. All residents have potential to be affected. An audit was completed to ensure all care plans, as related to behavior management, are updated as needed with focus on interventions. Any resident identified with behaviors were updated as needed to include behavior management with appropriate interventions. c. IDT team and licensed nursing staff will be educated on care plan revision, as related to updating/adding problem statements and interventions used to deter behavior. Social services director was educated on “Social Services” policy Facility will audit five care plans a week for behavioral management and intervention updates related to behaviors for 30 days, then three care plans a week x 30 days, then five care plans a month x 1 month. All findings will be reported to the QAPI committee to determine when compliance is achieved or if ongoing monitoring is required	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	resident's physically aggressive behaviors. A progress note, dated 7/23/21 at 10:38 p.m., indicated the resident went to the nurses' station and accused the staff of arguing over the phone. The resident became very abusive and was yelling at the staff. The resident was violent and threw a cup at the CNA and hit her in the arm. A Psychotherapy Progress Note, dated 7/29/21, indicated the resident had no aggression. The note did not include information about his aggressive episodes on 6/23/21 and on 7/23/21. A progress note, dated 7/31/21 at 8:13 p.m., indicated the resident was very vocal and angry. The CNA entered the room to answer his call light and he shouted at the CNA and made an aggressive move towards her. She left the room and the resident came out into the hallway and was shouting and hit the CNA in the face with his fist. The resident's sister was notified of his behaviors and she indicated the resident had been in the [name of city] State Hospital and she wanted the resident sent there or to a local mental health facility before anyone else was hurt. A progress note, dated 7/31/21 at 9:12 p.m., indicated the resident was sent to [name of hospital] and was to have an emergency detention order when he arrived at the hospital. A progress note, dated 8/1/21 at 12:44 a.m., indicated the resident arrived back at the facility. There was no further documentation about an emergency detention order. A care plan, dated 8/3/21, indicated the resident			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	had aggressive behaviors toward staff such hitting and yelling at them. He would get agitated and angry and would tighten his fist, puff out his chest and get red in the face. The interventions, dated 8/3/21, included, approach the resident from the front and speak in a calm manner, if agitation persists, ensure the resident's safety, cease interaction and later attempt care/interaction, redirect with cartoons of the resident's liking or talk about some of his favorite characters and validate the resident concerns. The facility did not have a care plan for physically aggressive behaviors in place until after the resident had three episodes of physical aggression. An IDT progress note, dated 8/6/21 at 10:41 a.m., indicated the resident had become upset over medications and hit a female staff member with a closed hand in the jaw and on the neck. The interventions in place included behavior management for physically aggressive behaviors and working with group home providers for a discharge. A Behavior note, dated 8/16/2021 at 7:00 a.m., indicated the resident went to the nurse and asked if he could have his medication. The nurse got the medication ready and the resident started yelling at the nurse and said he wasn't taking his medication. The nurse asked the resident to quit yelling and the resident grabbed a roll of trash bags and was trying to hit a CNA with the bags. The nurse took the trash bag roll from the resident and he pushed the nurse into the wall. The CNA went to help and the resident turned and kicked the CNA twice in the stomach. The resident started swinging his fist and hit the nurse over and over on her left lower back with his closed			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	fist. The care plan did not include any new interventions after the resident had another episode of physical aggression. A progress note, dated 8/17/21 at 6:48 p.m., indicated the resident was in the hall arguing and was very belligerent. The resident was known to wander the facility when he was angry and the other residents were afraid of him. The resident swung at the nurse and hit her in the jaw with his fist. A Psychotherapy Progress Note, dated 8/17/21, indicated nursing had reported the resident had physical behaviors. A progress note, dated 8/29/21 at 11:30 a.m., indicated the resident was in the hallway and was yelling due to not having the shirt he wanted. He was threatening staff and telling them he would kill them and he didn't care. During an interview, on 9/3/21 at 2:10 p.m., the Social Services Designee (SSD) indicated the resident was in a group home and hospital prior to admission. He had some aggression at the group home. The information about the aggression had not been shared with the facility. The resident was moody and easily agitated and had lots of refusals of care. He did not like authority figures. The nurses' stations had behavior books and the staff could look at them if they didn't know how to handle someone. The behavior books have the care planned interventions listed and no other information on behaviors. She had been trying to find another placement for the resident and did not document any attempts to reach out to BDDS (Bureau of Developmental Disabilities Services)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	about the resident's aggressive behaviors. A current policy titled, "Social Services," dated 7/17/21, and received from the DON (Director of Nursing) on 9/3/21 at 12:50 p.m., indicated, "...The primary objective of the Social Service Department at this health care facility is to establish a working system designed to meet the social and psychological needs of the residents and their families...This includes intervention while the individual resides here and communication with outside agencies, upon discharge. The Department makes every effort to screen residents to determine mental health needs and either provide the mental health services required by the resident and/or family member or provide an appropriate referral for psychological treatment. Promoting psychosocial well-being within the nursing facility is a primary concern...Each resident admitted to the facility shall be interviewed and assessed by the Social Service Department...The Department shall work to facilitate the transition to residential care, assess the resident's emotional, social and psychological strengths and abilities, potential, as well as identify problems, needs and obstacles to optimum mental health functioning...This information shall be utilized to contribute to the formulation of a comprehensive plan of care...Past information recorded in medical and psychological records shall be reviewed as well...If resident assessment and evaluation reveals significant psychological , emotional, behavioral and/or social needs this shall be reflected in the resident's plan of care...The social service staff shall document progress pertaining to adjustment, quality of life and general behavioral manifestations...The social service worker shall provide follow-up evaluation and intervention, as necessary...The documentation shall cover			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155222	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KOKOMO HEALTHCARE CENTER	429 W LINCOLN RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	progress towards social service oriented goal[s], as well as pertinent information about the resident's mental status, participating in various programs/activities, interpersonal behavior, adjustment to illness and/or placement, discharge planning efforts, family/significant other involvement and any changes effecting the resident health and well-being...." This Federal Tag relates to Complaint IN00360994. 3.1-43(a)(1) 3.1-43(a)(2)			