

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/26/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 2905 W SYCAMORE ST KOKOMO, IN 46901
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00365348. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00365348 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: October 26, 2021</p> <p>Facility number: 000258 Provider number: 155367 AIM number: 100289160</p> <p>Census Bed Type: SNF/NF: 89 Total: 89</p> <p>Census Payor Type: Medicare: 10 Medicaid: 55 Other: 24 Total: 89</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on October 29, 2021.</p>	F 0000	<p>Preparation, submission and implementation of this POC does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our POC is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable State and Federal Regulatory requirements.</p> <p>We hereby request desk review/ paper compliance for our POC.</p>	
F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who</p>			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, interview and record review, the facility failed to ensure a qualified staff member was monitoring a physician ordered respiratory treatment for 1 of 2 residents reviewed for respiratory treatment (Resident B).</p> <p>Finding includes:</p> <p>During ongoing observations, on 10/26/21 beginning at 5:20 a.m., Resident B was receiving a respiratory treatment. CNA 4 removed the respiratory mask from the resident, turned the nebulizer machine (a machine which turns liquid medication into a mist for inhalation into the lungs) and placed the mask on top of the machine. CNA 4 did not rinse and/or clean the nebulizer equipment.</p> <p>The record for Resident B was reviewed on 10/26/21 at 11:22 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension and anxiety disorder.</p> <p>A care plan, dated 10/6/21, indicated the resident had an alteration in her respiratory status due to COPD and shortness of breath while lying flat. The interventions included, but were not limited to, administer nebulizer therapy as needed per the physician's orders.</p> <p>A physician's order, dated 10/5/21, indicated to give albuterol sulfate (to prevent and treat</p>	F 0695	<p>695 Respiratory/Tracheostomy Care and Suctioning What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B: Residents clinical record has been reviewed and reflects residents need for AGP precautions during treatment. Resident assessed by Nurse and found to have no negative effects for the alleged event.</p> <p>Staff RN 3 Received education regarding use of eye protection, PPE use and AGP guidelines</p> <p>CNA education regarding use of eye protection, PPE use and AGP guidelines, following scope of practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</p> <p>All residents that receive Nebulizer treatments have the potential to be affected by the same alleged</p>	11/14/2021
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	<p>difficulty breathing, wheezing, shortness of breath and chest tightness caused by lung disease) nebulization solution 2.5 mg (milligram)/0.5 ml (milliliter) inhale orally four times a day for COPD.</p> <p>During an interview, on 10/26/21 at 6:00 a.m., CNA 4 indicated she was not supposed to turn off the respiratory treatments. She did often turn the respiratory nebulizers off as the nurses would forget and the residents would still have the masks on after the treatment was completed.</p> <p>During an interview, on 10/26/21 at 6:10 a.m., RN 3 indicated she had turned on the respiratory treatment for Resident B. She would leave the respiratory treatment on and then go back into the room to take the mask off after the treatment was completed. She asked Resident B if she took her own mask off, the resident indicated the CNA had taken off the mask.</p> <p>A current facility policy, titled "Nebulizer Therapy," not dated and received from the Director of Nursing (DON) on 10/26/21 at 1:15 p.m., indicated "...It is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions...Care of the Resident...Verify practitioner's order...Obtain vital signs, and perform respiratory assessment to establish a baseline...Place ordered medication into nebulizer cup...Connect the nebulizer to a power source...Turn the machine on...Keep nebulizer vertical during treatment...Observe resident during the procedure for any change in condition...When medication delivery is complete, turn the machine off. Treatment may be considered complete with the onset of nebulizer sputtering...Disassemble and rinse the nebulizer with water and allow to air</p>		<p>deficient practice.</p> <p>The facility completed an audit of all residents receiving nebulizer treatments for physician order and to ensure a qualified staff member was performing the treatment.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>Clinical Staff educated on the guidelines for following scope of treatment to include focus on nebulizer treatments.</p> <p>DNS or Designee will complete an audit to observe that residents are receiving nebulizer treatments by a qualified staff member. Audit will be completed 5 x week x 2 weeks, 3 times a week x 4 weeks, then weekly x 4 months</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If</p>	

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F 0880 SS=E Bldg. 00	<p>dry...Care of the equipment...Clean after each use...Disassemble parts after every treatment...Rinse the nebulizer cup and mouthpiece with sterile or distilled water...Shake off excess water...Air dry on absorbent towel...Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag...."</p> <p>3.1-47(a)(6)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p>		issues/trends are identified, then audits will continue based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	

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	<p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of</p>			

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	<p>its IPCP and update their program, as necessary.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement written policies and procedures for infection control, to contain the spread of the Covid-19 virus, when the facility failed to ensure trash was handled properly, staff were wearing eye protection, staff closed the resident's door during an aerosol producing respiratory treatment, staff wore gowns, gloves and eye protection when in a yellow isolation zone, laundry was stored off the floor in a resident room and staff wore gloves when checking a residents brief for incontinence for 6 of 6 randomly observed staff members (RN 3, LPN 7, CNA 5, CNA 4, CNA 6 and Hospitality Aide 8) and 5 of 9 residents reviewed for infection control (Resident B, C, F, G and K).</p> <p>Findings include:</p> <p>1. During an observation, on 10/26/21 at 5:05 a.m., there was a large yellow trash barrel with a lid. A large clear trash bag containing trash and dirty briefs was tied on the handle of the barrel and touching the floor.</p> <p>During an observation, on 10/26/21 at 6:15 a.m., the yellow trash barrel with the trash bag remained in the hallway.</p> <p>2. During an observation, on 10/26/21 at 5:07 a.m., RN 3, LPN 7, CNA 5 and CNA 4 were not wearing goggles or a face shield while in common areas in the facility and residents rooms.</p> <p>3. During an observation, on 10/26/21 at 8:30 a.m., CNA 6 was not wearing goggles or a face shield while feeding a resident in a common area of the facility.</p>	F 0880	<p>F-880 Infection Control & Prevention</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B: Residents clinical record has been reviewed and reflects residents need for AGP precautions during treatment. Resident assessed by Nurse and found to have no negative effects for the alleged event.</p> <p>Resident C: No longer resides at the facility.</p> <p>Resident F: Resident's clinical record reviewed and plan of care reflects residents ADL needs. Resident's room was cleaned and organized with boxes removed from the floor, linens up off the floor and put away, trash removed and dishes removed.</p> <p>Resident G: Residents clinical record was reviewed and reflects resident current care needs. Resident assessed by Nurse and found to have no negative effects from alleged event.</p> <p>Resident K: mask fell on floor and staff picked up and gave to resident. Residents clinical record</p>	11/14/2021

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	<p>4. During an observation, on 10/26/21 at 6:08 a.m., CNA 4 entered Resident B's room with the door to the room open and the resident was receiving a respiratory treatment.</p> <p>The record for Resident B was reviewed on 10/26/21 at 11:22 a.m. Diagnoses included, but were not limited to, gastrointestinal mucositis ulcerative, chronic obstructive pulmonary disease (COPD), hypocalcemia, atrial fibrillation, hypertension, anxiety disorder and major depressive disorder.</p> <p>A physician's order, dated 10/5/21, indicated to give albuterol sulfate (to prevent and treat difficulty breathing, wheezing, shortness of breath and chest tightness caused by lung disease) nebulization solution 2.5 mg (milligram)/0.5 ml (milliliter) inhale orally four times a day for COPD.</p> <p>A care plan, dated 10/6/21, indicated the resident had an alteration in her respiratory status due to COPD and shortness of breath while lying flat. The interventions included, but were not limited to, administer nebulizer therapy as needed per the physician's orders.</p> <p>During an interview, on 10/26/21 at 6:10 a.m., RN 3 indicated she had turned on the respiratory treatment for Resident B. She would leave the respiratory treatment on and leave the door open because the resident had anxiety.</p> <p>5. During an observation, on 10/26/21 at 6:18 a.m., CNA 5 entered Resident C's room and stood by the bed asking if he needed anything. CNA 5 was not wearing PPE (protective personal equipment). A sign was on the door indicating Resident C was in the yellow zone.</p>		<p>reviewed and reflects resident current needs. Resident assessed by Nurse and found to have no negative effects from alleged event.</p> <p>Staff RN 3 Received education regarding use of eye protection, PPE use and AGP guidelines.</p> <p>LPN No longer employed at the facility</p> <p>CNA education on guidelines for proper PPE use with focus on eye protection, glove use and proper hand hygiene.</p> <p>CNA education regarding use of eye protection, PPE use and AGP guidelines</p> <p>CNA 6 Received education on use of PPE with focus on eye protection use when providing care to a resident.</p> <p>Hospitality Aide 8 Received education on proper handling of trash and with focus on discarding disposable items on the floor.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</p>	

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	<p>During an interview, on 10/26/21 at 6:24 a.m., CNA 5 indicated the residents on the 300 hall were in isolation and she was supposed to wear a gown in the isolation rooms.</p> <p>The record for Resident C was reviewed on 10/26/21 at 12:00 p.m. Diagnoses included, but were not limited to, muscle wasting and atrophy, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side, major depressive disorder and seizures.</p> <p>A physician's order, dated 10/19/21 through 11/2/21, indicated transmission based precautions due to an unvaccinated new admission.</p> <p>6. During an observation, on 10/26/21 at 5:25 a.m., Resident F's room had 3 blue small dirty bowls stacked on the right side of the overbed table, trash on the left side of the overbed table. 11 cardboard boxes were on the floor. A large blue laundry basket filled with the residents clothes was on the floor with a shirt halfway out of the basket touching the floor.</p> <p>The record for Resident F was reviewed on 10/26/21 at 3:21 p.m. Diagnoses included, but were not limited to, fracture of pelvis, major depressive disorder, restless legs syndrome, hypertension and respiratory failure with hypoxia.</p> <p>During an interview, on 10/26/21 at 5:25 a.m., a CNA indicated the facility did Resident F's laundry and she did not know why the basket was on the floor, full of clothes.</p> <p>During an interview, on 10/26/21 at 11:53 a.m., the Director of Nursing (DON) indicated she was aware Resident F had extra stuff in her room. The</p>		<p>Residents in precautions or that receive AGP have the potential to be affected by the same deficient practice. An audit of residents in precautions or that receive AGP were reviewed to ensure appropriate signage is posted so staff are aware of who is on isolation.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>Staff (to include all departments) were educated on the facility guidelines for infection control and prevention with focus on proper PPE use for Transmission Based Precautions (including AGP)</p> <p>Staff educated on the guidelines for Donning/Doffing PPE and PPE specific to zones with return demonstration, including, but not limited, mask, respirator devices, gloves, gown and eye protection.</p> <p>Staff educated on the guidelines for proper glove use and hand hygiene during resident care with focus on incontinent.</p> <p>Staff educated on AGP</p>	

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	<p>family was supposed to come in and minimize the residents belongings. Resident F came from an Assisted Living and brought 27 boxes. The DON indicated the building was opened up on 10/11/21 for visitors.</p> <p>7. During an observation, on 10/26/21 at 6:15 a.m., CNA 5 did not wear gloves when checking Resident G for incontinence. She touched the resident to open her brief.</p> <p>During an interview, on 10/26/21 at 6:16 a.m., CNA 5 indicated she should wear gloves when checking a resident's brief.</p> <p>The record for Resident G was reviewed on 10/26/21 at 3:32 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, obstructive reflux uropathy and diabetes insipidus.</p> <p>8. During an observation, on 10/26/21 at 12:22 p.m., Resident K's mask fell on the floor. Hospitality Aide 8 picked the mask off the dining room floor and gave it back to the resident. Hospitality Aide 8 was wearing a face shield and a face mask. Her face mask was pulled down and her nose was totally exposed.</p> <p>During an interview, on 10/26/21 at 12:26 p.m., Hospitality Aide 8 indicated she gave Resident K the mask from the floor because the resident thought it was a 20 dollar bill. She should have worn her own mask over her nose.</p> <p>The record for Resident K was reviewed on 10/26/21 at 3:44 p.m. Diagnoses included, but were not limited to, cachexia, anemia and Alzheimer's disease.</p> <p>A current facility policy, titled "Hand Hygiene,"</p>		<p>(Aerosole Generating Procedure) guidelines with a focus on proper PPE use and door closure guidance during and following treatment.</p> <p>Staff educated on the guidelines for handling and transporting solid/clean linens and trash disposal to prevent cross contamination of infectious agents.</p> <p>DNS/IP/Designee will complete observations of staff through rounding and competency check offs for proper PPE use, following TBP and AGP, hand hygiene, maintaining and disposition of trash and linen appropriately. Audit is to be completed daily x 6 weeks then 3 times weekly times 1 month, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then audits will continue based on QAPI recommendation. If none noted, then will complete audits</p>	

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	<p>dated 5/21 and received from the DON on 10/26/21 at 4:47 p.m., indicated "...All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility...The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves..."</p> <p>A current facility policy, titled "Soiled Linen and Trash Containers," dated 2021 and received from the DON on 10/26/21 at 4:47 p.m., indicated "...Soiled linen and trash collection receptacles shall not exceed 32 gallons in capacity and shall meet all Life Safety Code requirements...All mobile containers shall be actively attended when not in the soiled utility rooms. These containers shall not be stored in the corridors at any time...Loose trash and linen shall be appropriately bagged before placing into the large storage bins...."</p> <p>A current facility policy, titled "Handling Clean Linen," last updated on 7/2019 and received from the DON on 10/26/21 at 4:47 p.m., indicated "...It is the policy of this facility to handle, store, process, and transport clean linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection...Do not place clean linen on the floor or other contaminated surfaces...Limit linen in the resident's room for immediate use only (do not "store up" linen in residents rooms to prevent inadvertent contamination)...."</p> <p>A current facility policy, titled "Covid-19 Infection Control Guidance for Long-Term Care Facilities," last updated 9/28/21 and received from the DON on 10/26/21 at 4:47 p.m., indicated "...Continue</p>		based on a prn basis.	

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

PRINTED: 11/18/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 2905 W SYCAMORE ST KOKOMO, IN 46901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>universal source controls with well-fitting mask use by all HCP (medical grade) and visitors (cloth is acceptable) and eye protection for HCP when delivering care within 6 feet of the resident: Strategies for Implementing Eye Protection COVID-19 (CDC 12.22.20)...All HCP must wear eye protection when caring for residents in TBP due to symptoms of COVID-19, exposure, or positive diagnosis, and during aerosol-generating procedure (AGP)...HCP will wear single gown per residents, gloves, N95 respirator mask and eye protection (face shield/or goggles)...Gowns and gloves should be changed after every resident encounter with hand hygiene performed..."</p> <p>3.1-18(b) 3.1-18(1)</p>				