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	11/22/2021

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

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00366834. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00366834 - Substantiated. No deficiencies related to the allegations were cited. Unrelated deficiencies are cited at F550. Survey dates: November 21 and 22, 2021 Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census Bed Type: SNF/NF: 72 Total: 72 Census Payor Type: Medicare: 4 Medicaid: 57 Other: 11 Total: 72 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on November 30, 2021.	F 0000		
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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	and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on observation, interview and record review, the facility failed to ensure a resident	F 0550	1) Resident C could not be identified due to resident	12/22/2021

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	was treated with dignity and respect while perineal care was provided for 1 of 3 residents reviewed for dignity (Resident C). Finding includes: On 11/21/21 at 9:13 p.m., CNA 2 was observed providing perineal care for Resident C. The resident's bed was the first bed inside the room by the hallway door. It was positioned with the head of the bed against the wall and the foot of the bed directly across from the hallway door. The bed was not observed to be against the wall. It was in the middle of her allotted space in the room. CNA 2 did not pull the privacy curtain around the resident's bed to ensure Resident C's privacy prior to starting the perineal care. CNA 2 pulled the resident's bed covers completely off of her exposing her entire body, including her feet and laid them at the foot of the bed. As she was providing peri care, with the resident's gown raised to her stomach and her peri area exposed, RN 6 knocked on the resident's door, then she opened the door in a wide manner to enter into the room and stood at the foot of the bed throughout the rest of the perineal care demonstration. CNA 2 did not indicate to RN 6 prior to her opening the resident's door, resident care was being performed, to prevent her from opening the hallway door and potentially exposing the resident to someone in the hallway. CNA 2 was observed removing Resident C's brief by having her lay on her left side, then she rolled the brief up towards the resident's bottom and pulled up (towards CNA 2) on the brief while stretching it, to get it out from underneath Resident C's right hip where she was laying on it. The resident continued to lay on part of the brief, so CNA 2 rolled the rest of the brief, (which she had just pulled out from under the resident's right		confidentiality. 2) All residents have the potential to be affected. Residents were interviewed to identify any concerns related to being treated with dignity and respect while perineal care is provided. 3) Nursing staff were educated on facilities “Resident Rights” policy with an emphasis on providing privacy when perineal care is performed. 4) DON or designee will perform 5 observations/5 days per week on perineal care being provided to ensure privacy is ensured x 30 days, then 5 observations/3 days per week x 30 days, then 10 observations per month x 2 months. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	hip) up towards the resident's bottom and pulled up on (towards CNA 2) the remaining brief while stretching it, to get the rest of the brief out from underneath the resident. During an interview, on 11/21/21 at 9:21 p.m., CNA 2 indicated she should have pulled the privacy curtain prior to starting the perineal care. She should have tried to cover her more while she performed the peri care. She did not indicate to RN 6 she was doing resident care because RN 6 knew she was going into Resident C's room to provide care to her. She did not think RN 6 would come into the room like she did while she was providing care to the resident. She indicated she had not rolled the resident from side to side to remove her brief. During an interview, on 11/21/21 at 9:23 p.m., RN 6 indicated she should have waited to enter Resident C's room until after CNA 2 was finished with the resident's peri care. A current policy, titled "Resident Rights," dated 8/11/2017 and provided by the Executive Director (ED) on 11/22/21 at 2:15 p.m., indicated "...Definitions: Dignity: a state worthy of honor or respect; includes but not limited to speaking respectfully to resident, providing privacy for care and treatment...respecting resident choice and attending to needs in a timely fashion. Policy...The purpose of this policy is to guide employees in the general principles of dignity and respect of caring for residents...Care for residents will be provided in a safe and respectful manner that includes care in a private setting, as appropriate...Procedure: 1. Residents will be treated with dignity and respect including but not limited to...b...i. Knock before entering resident room if door is closed-wait for answer			

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	1. if no answer, knock second time before entering and announce your entrance...d. To have their privacy respected when treatment, medication, or care is being administered including, i. door closed or privacy curtain drawn...II. Resident Rights in Nursing Home protected under Federal and State Law...b. Privacy concerning their Privacy...." 3.1-3(a)			
F 0880 SS=E Bldg. 00	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. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must			

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	include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (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. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.			

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	The facility will conduct an annual review of its IPCP and update their program, as necessary. 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 staff members followed the Infection Control policies and procedures regarding PPE (Personalized Protective Equipment) for 4 of 11 randomly observed staff members for infection control (CNA 3, CNA 11, CNA 2 and CNA 9). Findings include: 1. On 11/21/21 at 6:40 p.m., while touring the facility, walking down the West hallway, CNA 3 was observed exiting Resident E's room with soiled linen and a soiled brief in both hands. He did not have protective eyewear or a face shield on and his face mask was below his nose. He indicated, at that time, while walking up to the West nurses' station to retrieve his face shield, he had forgotten to place his face shield on prior to delivering something to Resident E's room for her. 2. On 11/21/21 at 9:45 p.m., with LPN 4 in attendance, CNA 11 was observed in her coat walking down the main corridor onto the South hallway ramp without a facemask, eyewear or face shield on. LPN 4 indicated to CNA 11 she could not be in the facility walking around without a mask on and she needed to go to the South nurses' station to get a mask and put it on. On 11/21/21 at 9:49 p.m., CNA 11 indicated to LPN 4 the reason she did not have a mask on when she walked down the main corridor onto	F 0880	**F 880** **Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** All residents have the potential to be affected by this alleged deficient practice. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents have the potential to be affected by this alleged deficient practice. The DON or designee will complete the following: - Ensure staff involved are educated on how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Follow CDC and facility policy. - Ensure staff are educated on proper eye protection and when required to wear it. Policy: Use of PPE In The Facility CDC: PPE sequence	12/22/2021

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	the South unit was because there was no masks available to her at the front desk when she arrived. She did not see any masks on the front desk. At that time, LPN 4 went to the front desk to check if there were masks available and there were no masks sitting on the front desk readily available for residents, visitors or staff to get if they needed one to enter the facility. On 11/21/21 at 10:10 p.m., the DON (Director of Nursing) spoke with CNA 11. She indicated to CNA 11, she could not walk through the facility without a mask on. CNA 11 indicated to her at that time, there were no masks available to her and she did not see the masks sitting on the shelf behind the receptionist chair. 3. On 11/21/21 at 9:55 p.m., CNAs 2 and 9 were observed sitting at the North nurses' station less than six feet apart with no face shields or eye protection in place. Both CNAs had their masks down below their chin and/or noses and they were carrying on a conversation with each other. CNA 2 was observed with her right index finger inside her mask holding the mask out away from her mouth below her nose. CNA 9's mask was laying under her chin. During an interview, on 11/21/21 at 10:20 p.m., CNA 2 indicated she should have had her mask above her nose. At that time, CNA 9 indicated she should have had her mask pulled up over her nose and mouth. A current policy, titled "Use of PPE [Personal Protective Equipment] In The Facility," updated on 10/29/21 and provided by the Executive Director (ED) on 11/22/21 at 2:15 p.m., indicated "All Staff must wear a surgical mask at all times, this includes all departments (Nursing,		AAPACN: Personal-Protective-Equipment-PPE-Donning-and-Doffing-Competency **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** A Root Cause Analysis (RCA) was conducted with the Infection Preventionist (IP) and input from the IDT and the facility Medical Director/IP/DON. The root cause was identified resulting in the facility's failure. Solutions were developed and systemic changes were identified that need to be taken to address the root cause. The Infection Preventionist and IDT reviewed the LTC infection control self-assessment and identified changes to make accurate **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** After the IDT and Infection Preventionist completed the RCA and LTC infection control assessment, training identified	

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	Housekeeping, Dietary, Maintenance, Business Office, Medical Records, HR [Human Resources] and Central Supply) Facilities in Counties with Low to Moderate Community Transmission: Fully vaccinated employees can dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If an unvaccinated employee is present in either of these scenarios, ALL employees must wear a face mask and unvaccinated employees must physically distance from others. All direct care staff must wear a surgical mask and eye protection at all times. Eye protection is not required in the green units if the county level of transmission is low to moderate and the center is NOT in outbreak testing...All Other Patient Care Areas of the Facility...All staff must wear surgical mask, approved eyewear that protects the top and sides of the eyes. Eye protection is not required in the green units if the county level of transmission is low to moderate and the center is NOT in outbreak testing...." 3.1-18(b)		above was implemented to facility staff. The training will be conducted by the DON, IP or Medical Director with documentation of completion. To ensure Infection Control Practices are maintained, the following monitoring will be implemented. 1. The IP nurse/DON/Designee will monitor each solution and systemic change identified in RCA and as noted above, daily or more often as necessary for 6 weeks and until compliance is maintained. Ensure staff execute proper donning and doffing of PPE, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Ensure staff execute proper eye protection when required to wear it. 2. The IP nurse/DON/Designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate Infection Control Practices and complying with the solutions identified in B1 as above. This will occur for 6 weeks and until compliance is maintained.	

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			Ensure execute proper donning and doffing of PPE, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Ensure staff execute proper eye protection when required to wear it **Quality Assurance and Performance Improvement (QAPI):** The facility through the QAPI program, will review, update and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.	