

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 11/18/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00366084, IN00366800 and IN00366443.</p> <p>Complaint IN00366084 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00366800 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Complaint IN00366443 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: Novemebr 17 and 18, 2021</p> <p>Facility number: 000258 Provider number: 155367 AIM number: 100289160</p> <p>Census Bed Type: SNF/NF: 84 Total: 84</p> <p>Census Payor Type: Medicare: 7 Medicaid: 52 Other: 25 Total: 84</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on November 23, 2021.</p>	F 0000	<p>The preparation, submission and implementation of this POC does not constitute an admission of or an agreement with the facts and conclusion 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>Taking into consideration the low severity nature of the citation, we hereby request Paper Compliance/ Desk Review of our plan of correction. I have attached supporting documents to substantiate our request.</p>	
F 0921 SS=D	483.90(i) Safe/Functional/Sanitary/Comfortable			

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 that other safeguards 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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Bldg. 00	<p>Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the bathrooms on the dementia unit were free of hazards for 4 of 15 rooms observed for environment. (Rooms 320, 325, 327 and 411).</p> <p>Finding includes:</p> <p>During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:</p> <ol style="list-style-type: none"> Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents used the bathroom. Room 325 had one exposed bolt sticking up from the right side of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom. Room 327 had two small nail heads sticking out from the bathroom wall approximately 3/4 of an inch and were located between the light switch and the wall plug in. The UM indicated the resident in the room ambulated to the bathroom on her own. The nail heads could be reached when turning on the light switch to the room. Room 411 had one exposed bolt sticking up from the toilet on the left side approximately 3/4 inch in height. The UM indicated only one resident in the room used the bathroom. 	F 0921	<p>What corrective action will be accomplished for those residents found to have been affected: The exposed bolts were covered with an appropriate covering cap for rooms 320,325, and 411 by maintenance director.</p> <p>The exposed nail in the room 327 was removed by the maintenance director.</p> <p>How other residents having the potential to be affected will be identified and what corrective action will be taken: All residents have potential to be affected by the deficient.</p> <p>The Maintenance Director/Designee will conduct inspection of ALL resident rooms and bathrooms for the exposed bolts and nails. The Maintenance Director will cover the exposed bolts with a covering cap and remove the exposed nails found during the inspection.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not</p>	12/02/2021			

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	<p>During an interview, on 11/18/21 at 2:33 p.m., the Maintenance Director indicated he usually completed walk through inspections monthly and was notified of the exposed bolts yesterday. He did not know the bolts were exposed prior to the notification.</p> <p>A current policy, titled "Resident Environmental Quality," not dated and received from the Director of Nursing on 11/18/21 at 2:13 p.m., indicated "...It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public...Preventative maintenance schedules, for the maintenance of the building and equipment, should be followed to maintain a safe environment...Preventative maintenance schedules, for the maintenance of the building and equipment, should be followed to maintain a safe environment...."</p> <p>This Federal Tag relates to Complaint IN00366084.</p> <p>3.1-19(f)(5)</p>		<p>recur:</p> <p>The Executive Director conducted 1:1 in-service with Maintenance Director on Preventative Maintenance Program and reporting. All HK staff and Patient Advocate Managers were educated on PM program and reporting of maintenance related issues through Building Engine Portal, written work order and by noting in the daily rounding sheet.</p> <p>Maintenance Director/Designee will conduct inspection of ALL resident rooms and bathrooms for exposed bolts and nails. The report will be submitted to the Executive Director to ensure 100% compliance is met. Maintenance Director/Designee will conduct weekly inspections of selected resident rooms on each hallway and submit report to the Executive Director.</p> <p>How the corrective action will be monitored: Maintenance Director will submit the report during monthly QAPI meetings for review until satisfactory compliance is achieved and determined by the QAPI committee.</p>	