PRINTED: 12/03/2021 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA |  | (X2) M                        | (X2) MULTIPLE CONSTRUCTION |                                  | (X3) DATE SURVEY  |            |            |  |
|--|--|-------------------------------|----------------------------|----------------------------------|---|------------|------------|--|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER:        |  | A. BU                         | A. BUILDING 00             |                                  |   | COMPLETED  |            |  |
| 155367   |  | B. W                          | B. WING                    |                                  |   | 11/18/2021 |            |  |
| 100001   |  |                               |                            | CTREET                           | ADDRESS SITY STATE ZID CODE   |            |            |  |
| NAME OF P  | ROVIDER OR SUPPLIE   | 3                             |                            |                                  | ADDRESS, CITY, STATE, ZIP CODE  |            |            |  |
| OOL DEN  | LINUNG OFNITED   | 0\\0 44005 \\      405        |                            |                                  | SYCAMORE ST   |            |            |  |
| GOLDEN   | LIVING CENTER-   | SYCAMORE VILLAGE              |                            | KOKOMO, IN 46901                 |   |            |            |  |
| (X4) ID  | SUMMARY STATEMENT OF DEFICIENCIES  |                               |                            | ID                               | PROVIDER'S PLAN OF CORRECTION   |            | (X5)       |  |
| PREFIX   | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |                               |                            | PREFIX                           | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIA                                  | TE         | COMPLETION |  |
| TAG  |  |                               |                            | TAG                              | DEFICIENCY)   |            | DATE       |  |
| F 0000   |  |                               |                            |                                  |   |            |            |  |
|  |  |                               |                            |                                  |   |            |            |  |
| Bldg. 00   |  |                               |                            |                                  |   |            |            |  |
|  | This visit was for the Investigation of Complaints                                   |                               | F 00                       | 000                              | The preparation, submission and   |            |            |  |
|  | IN00366084, IN00   | 366800 and IN00366443.        |                            |                                  | implementation of this POC does<br>not constitute an admission of or<br>an agreement with the facts and |            |            |  |
|  |  |                               |                            |                                  |   |            |            |  |
|  | _  | 6084 - Substantiated.         |                            |                                  |   |            |            |  |
|  |  | encies related to the         |                            | conclusion set forth on the surv |   | •          |            |  |
|  | allegations are cited  | 1 at F921.                    |                            |                                  | report. Our POC is prepared and   |            |            |  |
|  | G 1 1 - PT0026   | 6000 H. 1                     |                            |                                  | executed as a means to  | ٠,         |            |  |
|  | _  | 6800 - Unsubstantiated due to |                            |                                  | continuously improve the qual   | ity        |            |  |
|  | lack of sufficient ev  | vidence.                      |                            |                                  | of care and to comply with all  |            |            |  |
|  | C1-:4 INIO026  | 6443 - Substantiated. No      |                            |                                  | applicable State and Federal  |            |            |  |
|  | •  | to the allegations are cited. |                            |                                  | Regulatory requirements   |            |            |  |
|  | deficiencies felated   | to the anegations are cited.  |                            |                                  |   |            |            |  |
|  | Survey dates: Novemebr 17 and 18, 2021   |                               |                            | Taking into consideration the I  |   |            |            |  |
|  |  |                               |                            |                                  | severity nature of the citation,  | we         |            |  |
|  | Facility number: 00  |                               |                            |                                  | hereby request Paper  |            |            |  |
|  | Provider number: 1   |                               |                            |                                  | Compliance/ Desk Review of o  | our        |            |  |
|  | AIM number: 1002   | 89160                         |                            |                                  | plan of correction. I have attached supporting document   | ts to      |            |  |
|  | Census Bed Type:   |                               |                            |                                  | substantiate our request.   |            |            |  |
|  | SNF/NF: 84   |                               |                            |                                  | ·   |            |            |  |
|  | Total: 84  |                               |                            |                                  |   |            |            |  |
|  |  |                               |                            |                                  |   |            |            |  |
|  | Census Payor Type  | ::                            |                            |                                  |   |            |            |  |
|  | Medicare: 7  |                               |                            |                                  |   |            |            |  |
|  | Medicaid: 52   |                               |                            |                                  |   |            |            |  |
|  | Other: 25  |                               |                            |                                  |   |            |            |  |
|  | Total: 84  |                               |                            |                                  |   |            |            |  |
|  |  |                               |                            |                                  |   |            |            |  |
|  | •  | lects State Findings cited in |                            |                                  |   |            |            |  |
|  | accordance with 410 IAC 16.2-3.1.  |                               |                            |                                  |   |            |            |  |
|  | Quality review was   | completed on November 23,     |                            |                                  |   |            |            |  |
|  | 2021.  | -                             |                            |                                  |   |            |            |  |
| F 0921   | 483.90(i)  |                               |                            |                                  |   |            |            |  |
|  |  | anitary/Comfortable           |                            |                                  |   |            |            |  |
|  |  | <b>,</b>                      |                            |                                  |   |            |            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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.

FORM CMS-2567(02-99) Previous Versions Obsolete

TITLE

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| AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155367  A BILIDING  OCOMPLETED  1/18/2021  STREET ADDRESS, CITY, STATE, 2IP CODE  2905 W SYCAMORE ST  KOKMO, IN 46001  SUMMARY STATEMENT OF DEPICIENCIES  (ACCIT DISTRIBUS, MIST III PRECEDED BY PELL)  PREITY  ACCIT DISTRIBUS, MIST III PRECEDED BY YELL  PREITY  TAG  REGISTATION OR 16 CENTENTIFYNS ENTORMATIONO,  PREID MAN 16 CONTROLL AND 17 CONTROLL AN   | STATEMENT OF DEFICIENCIES   |   | X1) PROVIDER/SUPPLIER/CLIA     | (X2) MULTIPLE CONSTRUCTION |                                | (X3) DATE SURVEY                    |                         |            |
|--|-----------------------------|---|--------------------------------|----------------------------|--------------------------------|-------------------------------------|-------------------------|------------|
| NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-SYCAMORE VILLAGE  GOLDEN LIVING CENTER-SYCAMORE VILLAGE  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  Environ S483.90() Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  Based on observation and interview, the facility failed to ensure the bathrooms on the dementa unit were free of hazards for 4 of 15 rooms observed for environment. (Rooms 320, 325, 327 and 411).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (I/M), the following were observed:  1. 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.  2. Room 327 had two small nail heads sticking out from the bathroom used the bathroom.  3. Room 327 had two small nail heads sticking out from the bathroom wall upproximately two inches in height. The UM indicated both residents in the room used the bathroom.  3. Room 327 had two small nail heads sticking out from the bathroom wall upproximately two inches in height. 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.  4. Room 41 I 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.  4. Room 41 I 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.  4. Room 41 I 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.  4. Room 41 I had one exposed bolt sticking up from the toilet on the left side approximately 3/4 inch in heigh   | AND PLAN OF CORRECTION      |   | IDENTIFICATION NUMBER:         | A. BUILDING <u>00</u>      |                                | 00                                  | COMPLETED               |            |
| GOLDEN LIVING CENTER-SYCAMORE VILLAGE  ONATIO SUMMARY STATEMENT OF DEFICIENCIES PREETX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) The facility must provide a safe, functional, sanitary, and comfortable environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. 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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:25 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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 dhe bathroom on her own. The natl heads could be reached when turning on the light switch to the room.  4. Room 411 had one exposed bott sticking up from the toilet on the left side 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 abundated to the bathroom on her own. The natl heads could be reached when turning on the light switch to the room.  4. Room 411 had one exposed bott 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.   |                             |   | 155367                         | B. W                       | <u></u>                        |                                     | 11/18/2021              |            |
| GOLDEN LIVING CENTER-SYCAMORE VILLAGE  SOLDEN LIVING CENTER-SYCAMORE VILLAGE  SOLDEN LIVING CENTER-SYCAMORE VILLAGE  SOLDEN SYCAMORE ST KOKOMO, IN 46801  ERESTIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  The facility must provide a safe, functional, sanitary, and comfortable environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. Room 325 had one exposed bolt sticking up from the right side of the toilet approximately two one her own. The natl heads could be reached when turning on the light switch and the wall plug in. The UM indicated the resident in the room ambaltact of the bathroom on her own. The natl heads could be reached when turning on the light switch to the room.  4. Room 411 had one exposed bott 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 on the rown used the bathroom on used the bathroom on the rown the nature of the room.  4. Room 411 had one exposed bott 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.  |                             |   |                                |                            | CTREET                         | ADDRESS OF A STATE ZID CODE         |                         |            |
| GOLDEN LIVING CENTER-SYCAMORE VILLAGE  IXAID  SUMMARY STATEMENT OF DEFICIENCES (RECHAI DEFICIENCY MINT BE PRECEDED BY PULL RECHAIN COMMERCE MANY OF A STATEMENT OF DEFICIENCES (RECHAIN COMMERCE MANY OF A STATEMENT OF DEFICIENCES) TAG  ENGINE AND STATEMENT OF DEFICIENCES (RECHAIN COMMERCE MANY OF A STATEMENT OF DEFICIENCES) TAG  ENGINE AND STATEMENT OF DEFICIENCES (RECHAIN COMMERCE MANY OF A STATEMENT OF DEFICIENCES) TAG  ENGINE AND STATEMENT OF DEFICIENCES (RECHAIN COMMERCE MANY OF A STATEMENT OF    | NAME OF P                   | ROVIDER OR SUPPLIER                               |                                |                            |                                |                                     |                         |            |
| SUMMARY STATEMENT OF DEFICIENCIES   ID   PROTEIN   CANCELLO STATEMENT OF DEFICIENCY MIST HE PRECIDED BY PILL   PROTEIN   TAG   PROTEIN     | 001 DEN                     | LINUNIO OFNITED                                   | 0)/04140DE1/ULAGE              |                            |                                |                                     |                         |            |
| PREEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  Bidg. 00  Privion  §483.90() Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  Prinding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. 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 wall approximately 34 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 reached when turning on the light switch to the room.  4. 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.  | GOLDEN                      | LIVING CENTER-                                    | SYCAMORE VILLAGE               |                            | KOKON                          | /IO, IN 46901                       |                         |            |
| Bidg. 00  Environ  REGULATORY OR LSC IDENTIFYING INFORMATION)  To a field by the facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. Room 325 had one exposed bolt sticking up from the bathroom will approximately two inches in height. The UM indicated both residents in the room used the bathroom.  3. Room 327 had two small nail heads sticking on from the bathroom will approximately 34 of an inch and were located between the light switch and the wall plug in. The UM indicated both residents 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.  4. 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.  | (X4) ID                     | SUMMARY STATEMENT OF DEFICIENCIES                 |                                |                            |                                | PROVIDER'S PLAN OF CORRECTION       |                         | (X5)       |
| Bidg. 00  Bidg. 00  Environ  §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  3. Room 327 had two small nail heads sticking out from the bathroom wall approximately two inches in height. The UM indicated both residents in the room ambulated to the bathroom.  3. Room 327 had two small nail heads sticking out from the bathroom wall approximately two inches in height. The UM indicated both resident in the room ambulated to the bathroom on her own. The anil heads could be reached when turning on the light switch to the room.  4. 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.  | PREFIX                      | (EACH DEFICIENCY MUST BE PRECEDED BY FULL         |                                |                            |                                | (EACH CORRECTIVE ACTION SHOULD BE   |                         | COMPLETION |
| \$483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the tolet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. 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.  3. Room 327 had two small nail heads sticking out from the the horom used the bathroom.  4. Room 411 had one exposed bolt sticking up from the toilet on the left side 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.  4. Room 411 had one exposed bolt sticking up from the toilet on the left side 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.  4. Room 411 had one exposed bolt sticking up from the toilet on the left side approximately 3/4 inch in height. The UM indicated both resident in the room used the bathroom.   | TAG                         | REGULATORY OR                                     | LSC IDENTIFYING INFORMATION)   |                            | TAG                            | DEFICIENCY)                         |                         | DATE       |
| The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 pm., with the Unit Manager (UM), the following were observed:  I. 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.  2. 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.  3. Room 327 had two small nail heads sticking out from the bathroom was different to the bathroom on her own. The anal heads could be reached when turning on the light switch and the wall plug in. The UM indicated the resident in the room ambulated to the bathroom on her own. The anal heads could be reached when turning on the light switch to the room.  4. Room 411 had one exposed bolt sticking up from the toilet on the left side approximately 3/4 of inch in height. The UM indicated only one resident in the room used the bathroom.  The Maintenance Director will cover the exposed bolts with a covering cap and remove the exposed bolts with a covering cap and remove the exposed halfs found during the inspection.  What corrective action will be accomplished for those residents found to have been affected:  The exposed bolts were covered with an appropriate covering cap and in the room 327 was removed by the maintenance director.  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 will be potential to be affected by the deficient.  The Maintenance  Director/Designee will conduct inspection.  | Bldg. 00                    | Environ   |                                |                            |                                |                                     |                         |            |
| sanitary, and comfortable environment for residents, staff and the public.  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).  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  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 room s 320,325, and 411 by maintenance director.  How other residents having the potential to be affected will be identified and what corrective action will be attented to the left side 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 and bathrooms for the exposed bolts with a covering cap and remove the exposed holts with an appropriate covering cap for room s 320,325, and 411 by maintenance director.  The exposed and in the room action will be taken: All residents having the potential to be affected will be identified and what    |                             | §483.90(i) Other E                                | Environmental Conditions       |                            |                                |                                     |                         |            |
| residents, staff and the public. 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).  Pinding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. 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 on her own. The nail heads could be reached when turning on the light switch and the wall plug in. The UM indicated the resident in the room assed to the toilet only one resident in the room used the bathroom.  The exposed bolts were covered with an appropriate covering cap for room s 320,325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  The exposed onlist with a poptory maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  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.  The Maintenance Director/Designee will conduct inspection of ALL resident rooms and bathrooms for the exposed bolts with a covering cap and remove the exposed halls found during the inspection.  4. 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.  |                             | The facility must p                               | rovide a safe, functional,     |                            | 921                            |                                     |                         |            |
| 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).  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. Room 325 had one exposed bolt sticking up from the right side of the toilet approximately two inches in height. 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 toilet on the left side approximately 3/4 inch in height. The UM indicated only one resident in the room used the bathroom.  Finding includes:  The exposed bolts were covered with an appropriate covering cap for room a 320,325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  The exposed nail in the room appropriate covering cap for room a 320,325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  The exposed nail in the room appropriate covering cap and remove the exposed both sticking up from the toilet on the left side approximately 3/4 inch in height. The UM indicated only one residents found to the bathroom.   |                             | sanitary, and com                                 | fortable environment for       |                            |                                |                                     |                         |            |
| 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).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. Room 320 had two exposed bolts sticking up from the base of the toilet approximately two inches in height. The UM indicated both residents in the room used the bathroom.  2. 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 on her own. The nail heads could be reached when turning on the light switch to the room.  4. 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.  The appropriate covering cap for room appropriate c   |                             | residents, staff and                              | d the public.                  |                            |                                |                                     |                         |            |
| unit were free of hazards for 4 of 15 rooms observed for environment. (Rooms 320, 325, 327 and 411).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  In the exposed bolts with a covering cap for room s 320,325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  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 will be identified and what corrective action will be taken: All residents have potential to be affected will be identified and what corrective action will be taken: All residents having the potential to be affected will be identified and what corrective action will be taken: All residents having the potential to be affected will be identified and what corrective action will be taken: All residents have potential to be affected will be identified and what corrective action will be taken: All residents have potential to be affected will be identified and what corrective action will be taken: All residents have potential to b   |                             | Based on observation                              | on and interview, the facility | F 09                       |                                |                                     |                         | 12/02/2021 |
| observed for environment. (Rooms 320, 325, 327 and 411).  Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  What measures will be put into place and what systemic changes will be made to ensure that the   |                             | failed to ensure the                              | bathrooms on the dementia      |                            |                                |                                     |                         |            |
| Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  With an appropriate covering cap for room s 320, 325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  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.  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.  |                             | unit were free of ha                              | zards for 4 of 15 rooms        |                            |                                | found to have been affected:        |                         |            |
| Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  appropriate covering cap for room s 320, 325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  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.  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 founduting the inspection.  |                             | observed for environ                              | nment. (Rooms 320, 325,        |                            |                                | The exposed bolts were covered      |                         |            |
| Finding includes:  During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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 thorus on her own. The nail heads could be reached when turning on the light switch to the toilet on the left side approximately 3/4 inch in height. The UM indicated only one resident in the room used the bathroom.  \$\$320,325, and 411 by maintenance director.  The exposed nail in the room 327 was removed by the maintenance director.  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 will be identified and what corrective action will be taken: All residents have potential to be affected will be potential to be affected will be potential to be affected will be identified and what corrective action will be affected will be identified and what corrective action will be taken: All residents have potential to be affected will be potential to be affected will be potential to be affected by the deficient.  The Maintenance Director/Designee will conduct inspection of ALL resident rooms and bathroomes for the exposed bolts with a covering cap and remove the exposed halls found during the inspection.  4. 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 |                             | 327 and 411).                                     |                                |                            |                                | vith an                             |                         |            |
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| During an observation, on 11/17/21 beginning at 12:55 p.m., with the Unit Manager (UM), the following were observed:  1. 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.  2. 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.  3. 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.  4. 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.  The exposed nail in the room 327 was removed by the maintenance director.  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.  The exposed nail in the room 327 was removed by the maintenance director.  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.  The Maintenance Director/Designee will conduct inspection of ALL residents and bathrooms and bathrooms for the exposed bolts with a covering cap and remove the exposed bolts with a covering cap and remove the exposed nails found during the inspection.   |                             | Finding includes:                                 |                                |                            |                                | s 320,325, and 411 by               |                         |            |
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| resident in the room used the bathroom. will be made to ensure that the  |                             |   |                                |                            |                                | -                                   |                         |            |
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| deficient practice does not  | resident in the room used t |   | used the bathroom.             |                            |                                |                                     | •                       |            |
|  |                             |   |                                |                            |                                | deficient practice does not         |                         |            |

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

6MB611

Facility ID: 000258

If continuation sheet

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

PRINTED: 12/03/2021 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA |  | X1) PROVIDER/SUPPLIER/CLIA      | (X2) MULTIPLE CONSTRUCTION (X3) I |  |   | (X3) DATE S     | 3) DATE SURVEY |  |
|--|--|---------------------------------|-----------------------------------|--|---|-----------------|----------------|--|
| AND PLAN OF CORRECTION                               |  | IDENTIFICATION NUMBER:          | A. BUILDING <u>00</u>             |  | 00  | COMPLETED       |                |  |
|  | 155367   |                                 | B. WING                           |  |   | 11/18/2021      |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
| NAME OF P  | ROVIDER OR SUPPLIER  |                                 |                                   |  | ADDRESS, CITY, STATE, ZIP CODE  |                 |                |  |
|  |  |                                 |                                   |  | SYCAMORE ST   |                 |                |  |
| GOLDEN   | I LIVING CENTER-   | SYCAMORE VILLAGE                |                                   | KOKOM  | 1O, IN 46901  |                 |                |  |
| (X4) ID  | SUMMARY STATEMENT OF DEFICIENCIES  |                                 |                                   | ID  PROVIDER'S PLAN OF CORRECTION  PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE |   |                 | (X5)           |  |
| PREFIX   | (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |                                 |                                   |  |   |                 | COMPLETION     |  |
| TAG  | REGULATORY OR  | LSC IDENTIFYING INFORMATION)    |                                   | TAG  | DEFICIENCY)   | DATE            |                |  |
|  |  | y, on 11/18/21 at 2:33 p.m.,    |                                   |  | recur:  |                 |                |  |
|  | the Maintenance Di   | rector indicated he usually     |                                   |  |   |                 |                |  |
|  | completed walk thro  | ough inspections monthly and    |                                   |  | The Executive Director conduc   | cted            |                |  |
|  | was notified of the  | exposed bolts yesterday. He     |                                   |  | 1:1 in-service with Maintenand  | intenance       |                |  |
|  | did not know the bo  | olts were exposed prior to the  |                                   |  | Director on Preventative  |                 |                |  |
|  | notification.  |                                 |                                   |  | Maintenance Program   |                 |                |  |
|  |  |                                 |                                   |  | and reporting. All HK staff and   |                 |                |  |
|  | A current policy, tit  | led "Resident Environmental     |                                   |  | Patient Advocate Managers were  |                 |                |  |
|  | Quality," not dated  | and received from the           |                                   |  | educated on PM program and  |                 |                |  |
|  |  | on 11/18/21 at 2:13 p.m.,       |                                   |  | reporting of maintenance related  |                 |                |  |
|  | _  | e policy of this facility to be |                                   |  | issues through Building Engine  |                 |                |  |
|  |  | ed, equipped, and maintained    |                                   |  | Portal, written work order and by   |                 |                |  |
|  | -  | nctional, sanitary and          |                                   | noting in the daily rounding sheet.  |   |                 |                |  |
|  | _  | nment for residents, staff and  |                                   |  |   |                 |                |  |
|  |  | ative maintenance schedules,    |                                   |  |   |                 |                |  |
|  | for the maintenance of the building and equipment, should be followed to maintain a safe environmentPreventative maintenance |                                 |                                   |  | Maintenance Director/Designee will conduct inspection of ALL resident rooms and bathrooms for |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
|  |  | naintenance of the building     |                                   |  | exposed bolts and nails. The  | and nails. The  |                |  |
|  |  | uld be followed to maintain a   |                                   |  | report will be submitted to the   |                 |                |  |
| safe environment'                                    |  |                                 |                                   |  | Executive Director to ensure  |                 |                |  |
|  | safe environment   |                                 |                                   |  | 100% compliance is met.   |                 |                |  |
|  | This Federal Tag relates to Complaint IN00366084.  |                                 |                                   |  | Maintenance Director/Designe  | ا م             |                |  |
|  |  |                                 |                                   |  | will conduct weekly   | ٠               |                |  |
|  |  |                                 |                                   |  | -   | , l             |                |  |
|  | 3.1-19(f)(5)   |                                 |                                   |  | inspections of selected resident rooms on each hallway and submit report to the Executive     |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
|  |  |                                 |                                   |  | Director.   |                 |                |  |
|  |  |                                 |                                   |  | How the corrective action will l  | oe l            |                |  |
|  |  |                                 |                                   |  | monitored: Maintenance Direc  | -               |                |  |
|  |  |                                 |                                   |  | will submit the report during   |                 |                |  |
|  |  |                                 |                                   |  | monthly QAPI meetings for rev   | <sub>/iew</sub> |                |  |
|  |  |                                 |                                   |  | until satisfactory compliance is  |                 |                |  |
|  |  |                                 |                                   |  | achieved and determined by the  |                 |                |  |
|  |  |                                 |                                   |  | QAPI committee.   |                 |                |  |
|  |  |                                 |                                   |  | QALI COMMINGE.  |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |
|  |  |                                 |                                   |  |   |                 |                |  |

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

6MB611 Facility ID: 000258

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