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	01/31/2022

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 IN00370894. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00370894 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677, F684 and F880. Survey dates: January 28 and 31, 2022. Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census Bed Type: SNF/NF: 66 Total: 66 Census Payor Type: Medicare: 9 Medicaid: 47 Other: 10 Total: 66 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on February 3, 2022.	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction	
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;			

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

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	Based on interview and record review, the facility failed to assist a dependent resident with bathing/showering for 1 of 3 residents reviewed for showers (Resident B). Finding includes: During an interview, on 1/31/2022 at 1:26 p.m., Resident B indicated he had not been assisted to bathe or shower for the 8 days he was at the facility. The record for Resident B was reviewed on 1/28/2022 at 3:50 p.m. Diagnoses included, but were not limited to, necrotizing fasciitis, type 2 diabetes mellitus and long term use of insulin. A care plan, dated 12/30/21, indicated the resident required assistance with ADL (activities of daily living) due to weakness and necrotizing fasciitis. The interventions included, but were not limited to, the resident required assistance with bathing. A Resident Shower Sheet, dated 1/2/2022, indicated the resident did not get his nails trimmed, his hair washed, his face shaved, or showered. The reason for refusal indicated "wound vacuum". The shower sheet did not indicate if a bath had been offered. There was no staff signature on the shower sheet. During an interview, on 1/31/2022 at 4:45 p.m., the Director of Nursing (DON) indicated there was only one Resident Shower Sheet and no other documentation about the resident receiving a bath or shower. She indicated sometimes the staff would document baths and showers in the	F 0677	1. 1. Resident B was not harmed. Resident B has been provided a shower. 2. 2. All residents will be interviewed to ensure bathing and showering is occurring and documented. Any non-interview able residents will be assessed to validate bathing/showering occurred. 3. 3. The CNA's and licensed nurses will be educated on Personal Bathing and Shower and Routine Care- Bathing hygiene. The CNA's and licensed nurses will be educated on documentation as it relates to bathing/showers. This will be completed by the DON/Designee. 4. 4. The DON/designee will monitor the resident's showers daily utilizing the ADL Care Audit five days a week in clinical morning meeting for documentation compliance. The IDT will interview 2 residents three times a week X 4 weeks, then twice weekly for 4 weeks, then weekly for 4 weeks to validate showers/bathing preferences have been completed. The IDT will report the findings from the interviews/observations of showers/bathing Q day and the DON/Unit manager will follow up to reschedule any residents that did not receive their scheduled showers/bathing. The DON is responsible for	02/14/2022

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	electronic health record (EHR) and she could not find any documentation in the EHR for baths or showers for this resident. The facility did not provide a policy for ADL care upon exit. This Federal Tag relates to Complaint IN00370894. 3.1-38(a)(3)(A)		reporting to the QA committee monthly. All findings will be reported to the QA committee monthly and the QA committee will determine when 100% compliance is achieved or if monitoring is required.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on observation, interview and record review, the facility failed to obtain physician's orders for a wound vac (a device to gently pull fluid from a wound) and to follow physician's orders for a wound care treatment for 2 of 3 residents reviewed for wound care (Resident B and D). Findings include: 1. During an interview, on 1/31/2022 at 1:26 p.m., Resident B indicated the staff did not know how to work his wound vac and the wound vac from the hospital was not compatible with the equipment at the facility. The DON (Director of Nursing) was going to cut the tip of the wound	F 0684	1. 1. Resident B and D were not harmed. Resident B discharged from the facility on 01/06/2022. Resident B's treatment orders have been clarified. Families and physicians were notified of treatments not administered per physician's orders. 2. 2. An audit has been completed of all residents with treatment orders to validate treatments were administered per physician's orders. Any findings were reported to the family, resident, and physician. An audit	02/14/2022

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	vac, the part which did the removal of the drainage from the wound and at first he refused. Then he asked for the DON to come back and she used scissors to cut the tip which would connect to the wound vac and stuck a different dressing on it. When the doctor came to look at the wound several days later, he told her the wound had not been changed in 8 days. The wound vac canister was full of drainage and had not been emptied. The record for Resident B was reviewed on 1/28/2022 at 3:50 p.m. Diagnoses included, but were not limited to, necrotizing fasciitis, type 2 diabetes mellitus and long term use of insulin. A hospital discharge note, dated 12/29/2021, indicated the resident was discharged to a skilled nursing facility and needed wound vac care. The wound vac was to be changed every 3 days and as needed. The resident was to follow up with the primary care physician and wound care. The discharge note did not include the pressure setting for the wound vac or the frequency of canister changes. An admission assessment, dated 12/29/21 at 3:42 p.m., indicated the resident had a wound vac in place. The resident had a left thigh wound. A handwritten Skin Grid Non-Pressure assessment, dated 12/29/21, not timed and not signed, indicated the resident had a non-pressure area to his left inner thigh. The assessment did not include the measurements of the wound or the wound vac setting. A handwritten Skin Grid Non-Pressure		was completed of all admissions n the past 30 days to ensure any impaired skin integrity areas have treatment orders. 3. 3. The DON/designee in-serviced all licensed nurses on following physician's orders for treatment administration to include obtaining treatment orders on admission and wound vac therapy. 4. 4. The DON/Designee will audit all admissions to validate any area of impaired skin integrity has treatment orders and supplies per physician's orders. This will be an ongoing process in the AM clinical meeting. The DON/Designee will audit 2 residents three times a week to validate treatments are administered per physician's orders for three months. The DON will report to the QA committee any findings from the audits monthly and the QA committee will determine when 100% compliance is achieved or if further monitoring is required.	

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	assessment, dated 1/3/2022, not timed and not signed, indicated the resident refused the wound vac change and assessment. A handwritten Skin Grid Non-Pressure assessment, dated 1/5/22, not timed and not signed, indicated the resident refused the wound vac change and skin assessment. A care plan, dated 12/30/22, indicated the resident had impaired skin integrity with a wound to his groin. The interventions included, but were not limited to, administer treatments as ordered by the medical provider. The physician orders did not have any treatment for the groin wound ordered by the medical provider for when to change the left thigh dressing, what dressing to apply, the amount of pressure the wound vac was to be set at or the frequency of canister changes for the wound drainage. A Nurse Practitioner (NP) progress note, dated 12/30/21 at 1:47 p.m., indicated the resident had a wound vac to his left upper thigh with redness around the wound. The NP progress note did not include orders for the wound vac dressing changes, amount of pressure for the wound vac or the frequency of canister changes. A care management strategies assessment, dated 1/3/2022 at 2:53 p.m., completed by the Minimum Data Set (MDS) Coordinator indicated the resident had a wound with a wound vac present and required dressing changes three times a week and as needed.			

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	The care management strategies did not include the pressure setting for the wound vac or the number of times to change the wound vac canister. A Skilled Documentation assessment, dated 1/2/2022 at 11:52 p.m., indicated the resident had a groin wound and the wound was not measured due to the wound vac. The Skilled Documentation did not include when the wound dressing had been changed, the amount of pressure the wound vac was set at or if canister changes for the wound drainage had been completed. A Nurse Practitioner progress note, dated 1/6/2022 at 3:06 p.m., indicated the wound doctor was in and informed the resident he could discharge to home. An Initial Wound Evaluation and Management Summary note by [name of company] wound physicians, dated 1/6/2022, indicated the resident presented with a wound to his left upper thigh. The wound had a heavy sero-sanguinous exudate and was 6.0 cm in length, 3.0 cm in width and 1.8 cm in depth. The dressing treatment plan was for negative pressure wound therapy to be applied three times per week for 30 days. The follow-up included an evaluation by the wound care specialist within 7 days. During an interview, on 1/31/2022 at 3:04 p.m., the DON indicated the resident's wound vac was not compatible with the facility wound vac equipment. She did not have an order to change the wound vac dressing and tubing although she did change it because the wound vac tubing and canister was not compatible with the facility			

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	equipment. The resident arrived to the facility with the dressing and tubing but the hospital did not send the actual wound vac. The facility had a wound vac ready to connect. At first the resident did not want the dressing changed, then agreed to the dressing change. The dressing had to be taken off, the black foam had to be taken off and the port with the black foam had to be removed. Then it was replaced with new items. She then set the suction to 135 mm of Hg (a unit of pressure measurement) since it was the pressure setting she received in report. She had called the hospital and did not receive orders for the wound vac, the setting for the suction or when to change the canister or dressing items. She did not get physician orders for the wound vac so no orders were entered into the electronic health record. The MAR/TAR for the months of December 2021 and January 2022 did not include orders or signatures for the wound vac pressure setting, dressing changes or canister changes. The DON could not identify when the wound vac care had been completed. 2. During an observation and interview, on 1/31/2022 at 2:05 p.m., Resident D was sitting, up in his wheelchair, and both of his feet and lower legs were in pink rectangular wash basins filled with water. He indicated the water was cold and he would be able to get his feet out of the cold water when the nursing staff came back in to help him. The record for Resident D was reviewed on 1/31/2022 at 3:58 p.m. Diagnoses included, but were not limited to, chronic kidney disease stage 5, acute respiratory failure with hypoxia, anemia, weakness, chronic pain and major depressive disorder.			

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	A physician's order, dated 1/19/2022, indicated to soak the feet with warm moistened towels, cleanse area of the right and left toes, apply betadine and wrap with kerlex daily. A physician's order, dated 1/19/2022, indicated to apply Aquaphor Advanced Therapy Ointment to body one time a day for skin healing after soaking feet and legs with warm moistened towels. A care plan, dated 1/23/2022, indicated the resident had impaired skin integrity with an arterial wound to foot and a pressure area to his back. The interventions included, but were not limited to, administer treatments as ordered by the medical provider. A Wound Evaluation and Management Summary, dated 1/18/2022, indicated the resident had arterial wounds to his left first and second toes and his right first and second toes. The treatment for each wound was to apply betadine once daily for 30 days and cover with 4 inch gauze roll stretch dressing. The resident also had a nonspecific rash and the treatment was to put aquaphor to his whole body twice daily excluding skin folds and web spaces. The diagnoses was xerosis cutis (rough dry skin which may have scales or cracks) particularly of the lower extremities. The facility had been advised to soak the bilateral lower legs, particularly the feet in warm moistened towels and then to gently exfoliate afterwards and apply Aquaphor after the soaking had occurred. A Wound Evaluation and Management Summary, dated 1/27/2022, indicated the resident had an arterial wound of the left first and second toes and to his right first and second toes. The			

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	treatment for each wound was to apply betadine once daily for 21 days and to apply 4 inch gauze stretch roll dressing once daily. The Wound Evaluation and Management Summary, dated 1/27/2022, did not address the xerosis cutis treatment or progress. During an interview, on 1/31/2022 at 2:10 p.m., LPN 3 indicated soaking the resident's feet was part of his treatment. When LPN 3 was asked to review the physician's order, she stated the resident didn't like the towels and wanted his feet soaked in water. She indicated she had not notified the physician of the resident wanting a change in treatment. During an interview, on 1/31/2022 at 2:58 p.m., the Director of Nursing (DON) indicated she did not know the reason the resident had his feet in wash basins filled with water. During an interview, on 1/31/2022 at 4: 38 p.m., the clinical support indicated the resident had an order for his feet to be soaked with warm moistened towels and stated immersing his feet in wash basins filled with water would be similar to using warm moistened towels. The facility had not clarified the order with the prescriber. A current facility policy, titled "Skin Care & Wound Management Overview," dated as reviewed 10/5/21 and received from the DON on 1/31/2022 at 3:59 p.m., indicated "...The facility staff strives to prevent resident/patient skin impairment and to promote the healing of existing wounds...The interdisciplinary team evaluates and documents identified skin impairments and pre-existing signs to determine the type of impairment, underlying condition[s]			

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	contributing to it and description of impairment to determine appropriate treatment...Skin care and wound management program includes, but is not limited to...Daily monitoring of existing wounds...Treatment...Review and select the appropriate treatment for the identified skin impairment...Obtain a physician's order...Communicate interventions to the caregiving team...Document treatment on the Treatment Administration Record [TAR]...Monitor and document progress...." This Federal Tag relates to Complaint IN00370894. 3.1-37(a)			
F 0880 SS=D 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			

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	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 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.			

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	§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. 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 ensure staff followed infection control procedures for completing wound care for 1 of 3 residents reviewed for wounds (Resident D). Finding includes: During an observation, on 1/31/2022 at 12:45 p.m., LPN 3 did not sanitize or wash her hands prior to starting the wound treatment. She then put on clean gloves and removed the resident's old dressing from his left groin. She did not remove the gloves or sanitize her hands after taking the old dressing off. The old dressing had some dark dried drainage on it. She picked up the spray bottle of cleaner with the same gloves, could not get the sprayer to work and touched the sprayer part with her gloved hand, removed the nozzle and then put the nozzle back on the bottle. She put the bottle of wound cleanser right next to the resident's Styrofoam drinking cup after she completed spraying the wound. She took a clean gauze pad and wiped the wound, still did not change gloves or sanitize her hands and then put betadine on a gauze pad and patted the wound with the betadine soaked gauze. She then removed her gloves, sanitized her hands and put on clean gloves to complete the dressing change. She removed the glove from her left hand, kept the right glove on, did not sanitize her hands and	F 0880	**F 880** **Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** LPN #3 was educated on infection control practices regarding wound care, including, but not limited to hand hygiene and glove change **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: · Licensed nurses will be educated in infection control practices regarding wound care, including, but not limited to dressing changes. o Competency: Wound Dressing Change o Policy: Infection Prevention	02/14/2022

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	picked up the wound cleanser bottle and the betadine bottle and set them both on top of the medication cart next to the nurses station before she sanitized her hands. During an interview, on 1/31/2022 at 1:05 p.m., LPN 3 indicated she should have washed her hands prior to the dressing change and had her gauze and tape ready prior to the wound change. She did not realize she had touched the wound cleanser bottle and the betadine with the same gloves she used for removing the old dressing. The record for Resident D was reviewed on 1/28/2022 at 3:03 p.m. Diagnoses included, but were not limited to, morbid obesity, cellulitis of the left lower limb, chronic kidney disease and generalized muscle weakness. A physician's order, dated 1/27/2022, indicated to cleanse the area of the left thigh, apply betadine and cover with an ABD pad (a highly absorbent dressing) daily and as needed for wound healing. A current facility policy, titled "Infection Prevention Program," dated as revised on 3/5/2021 and received from the Executive Director on 1/28/22 at the entrance conference, indicated "...The facility infection prevention program is comprehensive in that it addresses detection, prevention and control of infections among residents and employees. ..A systematic and organized data-driven method is in place to prevent infections, track existing infections, track and trend for in-house infections...The goals of the facility infection prevention program are to...Reduce the spread of infectious disease within the facility through implementation of the Standard and Transmission		Program **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 above was implemented to facility staff. The training will be conducted by the DON, IP or Medical Director with	

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	01/31/2022

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	-based Precautions...Identify and correct problems relating to infection prevention practices...Education...Staff and resident education focuses on risk of infection and practices to decrease risk including but not limited to hand hygiene compliance and cough/sneeze etiquette to break the chain of infection. Education to staff on donning and doffing of personal protective equipment is a focus of the infection prevention program...Policies, procedures and aseptic practices are followed by employees in performing procedures and in disinfection of equipment...." This Federal Tag relates to Complaint IN00370894. 3.1-18(l)		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 licensed nurses execute infection control practices during resident wound care – dressing changes 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 as above. This will occur for 6 weeks and until compliance is maintained. Ensure licensed nurses execute infection control practices during resident wound care – dressing changes **Quality Assurance and Performance Improvement (QAPI):**	

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			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.	