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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00429433 and IN00429684. Complaint IN00429433-Federal/State deficiency related to the allegations is cited at F726 and F755. Complaint IN00429684-No deficiencies related to the allegations were cited. Survey dates: March 6 and 7, 2024 Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census bed type: SNF/NF: 69 Total: 69 Census payor type: Medicare: 3 Medicaid: 59 Other: 7 Total: 69 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on March 14, 2024.	F 0000	Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0726 SS=D Bldg. 00	483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or			

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

Sydnie Reed | Executive Director | 03/28/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo 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.

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.			
	Based on interview and record review, the facility failed to ensure a Qualified Medication Aide (QMA) asked for permission prior to giving as needed (PRN) medications to 2 of 3 residents reviewed for staff working outside their professional classification. (Residents B and C) Findings include: During an investigation regarding a missing card of narcotic medication, it was discovered a QMA was administering PRN pain medications without	F 0726	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** There were no residents harmed by the alleged practice. Facility completed education with all employees that administer medications with the focus being on ensuring licensed nurses document permission when QMAs are administering PRN	04/04/2024

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	the permission of a licensed nurse. 1. During an interview with a confidential interviewee, the person indicated QMA 6 administered Resident B's Tramadol (a non-narcotic pain medication) without the permission of a licensed person. The record for Resident B was reviewed on 3/7/24 at 1:30 p.m. The diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction, anxiety disorder, hypertension, major depressive disorder, and chronic obstructive pulmonary disease. A nursing progress note, dated 12/22/23 at 6:18 a.m., indicated the resident received Tramadol 100 mg (milligrams) for pain. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. The narcotic sheet for Resident B was reviewed, and included, but were not limited to, the following entries: On 12/11/23 at 7:00 p.m., one Tramadol 100 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 12/17/23 at 9:00 a.m., one Tramadol 100 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. 2. During an interview with a confidential interviewee, the person indicated QMA 6 administered Resident C's Hydrocodone/APAP (Acetaminophen) (a narcotic pain medication) without the permission of a licensed person.		medications. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:** All residents that are prescribed PRN pain medications have the potentially to be affected. There were no residents harmed by the alleged practice. Facility completed education with all employees that administer medications with the focus being on ensuring licensed nurses document permission when QMAs are administering PRN pain medications. Facility completed pain assessments on all residents with PRN pain medications that were administered. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** Facility completed education with all employees that administer medications with the focus being on ensuring licensed nurses document permission when QMAs are administering PRN medications. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur**: The DON/Designee will conduct audits of PRN medication administration records of 5 administered PRN medications per week for 4 weeks, then 3	

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	The record for Resident C was reviewed on 3/7/24 at 1:45 p.m. The diagnoses included, but were not limited to, type II diabetes mellitus, hypertension, heart failure, peripheral vascular disease, and major depressive disorder. A nursing progress note, dated 11/29/23 at 7:35 a.m., indicated Hydrocodone-Acetaminophen 5-325 mg one tablet was given for pain by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. A nursing progress note, dated 12/6/23 at 7:47 a.m., indicated Hydrocodone-Acetaminophen 5-325 mg one tablet was given for pain by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. A nursing progress note, dated 12/17/23 at 8:59 a.m., indicated Hydrocodone-Acetaminophen 5-325 mg one tablet was given for pain by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. A nursing progress note, dated 12/22/23 at 6:52 a.m., indicated Hydrocodone-Acetaminophen 5-325 mg one tablet was given for pain by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. A nursing progress note, dated 1/14/24 at 12:57 p.m., indicated Hydrocodone-Acetaminophen 5-325 mg one tablet was given for pain by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication.		administered PRN medications per week for 4 weeks, then 1 administered PRN medications per month for 4 months to ensure PRN medications are either being co-signed by a nurse or a progress note is entered by the nurse, and that the nurse is documenting the follow-up assessment. Any discrepancies will be corrected immediately and education will be provided. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of six months and then randomly thereafter for further recommendation.	

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	The narcotic sheet for Resident B was reviewed, and included, but were not limited to, the following entries: On 11/29/23 at 8:30 a.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 11/29/23 at 1:30 p.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 12/6/23 at 7:47 p.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 12/11/23 at 8:00 p.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 12/17/23 at 8:00 a.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. On 12/22/23 at 8:00 a.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication.			

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	On 1/14/24 at 12:00 p.m., one Hydrocodone-Acetaminophen 5-325 mg tablet was given by QMA 6. There was no documentation from a licensed person indicating QMA 6 had permission to give this medication. During an interview, on 3/6/24 at 4:00 p.m., Resident C indicated she had asked for pain medication one time, but someone had signed her pain medication out 4 or 5 other times indicating they gave her pain medications, when she did not receive the pain medication. She did not know her name. She did not work in the hallway very often. During an interview, on 3/7/24 at 10:15 a.m., the Executive Director and the Director of Nursing were in attendance. The Executive Director and the Director of Nursing both indicated they did not know a licensed nurse had to give permission and sign after a QMA gave a PRN medication. This citation relates to Complaint IN00429433 3.1-14(i)			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate			

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Based on interview and record review, the facility failed to follow their medication destruction and narcotic storage policy and procedure for 1 of 3 residents reviewed for pharmaceutical services. (Resident D) Finding includes: A document, titled "Intake Information," dated 2/27/24, from the Indiana Department of Health indicated a concern was filed alleging a card of narcotic medication was missing after being removed from the medication cart by a staff member. The clinical record for Resident D was reviewed on 3/7/24 at 12:10 p.m. The diagnoses included, but were not limited to, protein-calorie malnutrition, anxiety disorder, depression,	F 0755	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** There were no residents harmed by the alleged practice. Facility completed education with direct care employees on narcotic medication destruction and storage policy. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:** All residents that are prescribed narcotic medications have the potential to be affected. There were no residents harmed by the	04/04/2024

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	hypotension, chronic pain syndrome, and gastrostomy. The resident had an order, dated 1/11/24, for Hydrocodone-Acetaminophen (a narcotic medication) 10-325 mg (milligrams), give one tablet by mouth three times a day for pain. This medication was discontinued on 2/7/24. A narcotic count sheet indicated Hydrocodone/APAP (Acetaminophen) 10-325 mg give one tablet by mouth three times a day for pain. The sheet indicated there were 12 tablets left on the card on 2/8/24 at 8:00 p.m. At the bottom of the narcotic count sheet, the date of discontinuance was listed as 2/7/24 and the date of disposition was listed as 2/19/24. A narcotic card count sheet indicated, on 2/13/24, QMA 6 removed Resident D's Hydrocodone card and narcotic sheet from the cart. There was no verification of the removal of this narcotic medication by a second licensed person. The narcotic card count, on 2/13/24 at 6:00 a.m., was 26 narcotics. The narcotic card count, on 2/13/24 at 2:00 p.m., was 25 narcotics remaining. During an interview, on 3/6/24 at 10:09 a.m., the Executive Director (ED), Director of Nursing (DON) and Vice President of Clinical Operations (VPCO) were in attendance. The DON indicated QMA 6 (the scheduler) had removed a card of discontinued Hydrocodone pills from the Central hallway cart. She took them to her office and locked them up when she realized the DON and Unit Manager were in a meeting and were not able to destroy the medication at that time. The Scheduler was unaware she was not able to remove the medication as she did not know the correct procedure for the facility since she was		alleged practice. Facility completed education with direct care employees on narcotic medication destruction and storage policy. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** Facility completed education with direct care employees on narcotic medication destruction and storage policy. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur**: The DON/Designee will conduct audits of all discontinued narcotic medications per week for 4 weeks, then all discontinued narcotic medications bi-weekly for 4 months to ensure discontinued medications have been appropriately pulled by the DON/UM for destruction and co-signed by a second nurse. Any discrepancies will be corrected immediately and education will be provided. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of six months and then randomly thereafter for further recommendation.	

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	new. She removed the narcotic sheet and the narcotics from the cart and could not place them back in the cart since she had removed them and signed them out of the cart as being removed already. She indicated the Unit Manager obtained the narcotic medication from QMA 6's office. The DON did not realize it at that time, so she went to her office to obtain the narcotics and they were gone, so she called the Scheduler looking for them. She learned the Unit Manager removed the narcotics from the scheduler's office and placed the medication in their office. The Unit Manager and DON destroyed the narcotic medication. During an interview, on 3/7/24 at 10:52 a.m., QMA 6 indicated she pulled out a card of discontinued Hydrocodone pills off the Central hallway medication cart, on 2/13/24, then went to the conference room to give them to the DON and Unit Manager to destroy. She seen they were in a meeting, so she stuck the card and sheet of discontinued narcotics in her binder and kept them with her all day until she left the facility, which was when she locked them in her office. She had stayed down in the North hallway most of the day doing her scheduling, so she always had her binder with her. Other staff members had a key to her office such as CNA 9, CNA 13, CNA 14, the Unit Manager, and the DON. The Unit Manager went into her office after she left and retrieved the narcotics and sheet from her binder, which were in a drawer. During a confidential interview, the person indicated the staff licensed personnel were not allowed to remove narcotic cards from the carts or destroy narcotic cards. The DON and Unit Manger destroyed the medications and either the DON or the Unit Manager would come to the medication cart to get the discontinued			

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	medication. If it was a narcotic, then the nurse on the cart had to co-sign with them, when they removed the card from the cart. A current policy, titled "Storage of Controlled Substances," dated 9/2018 and provided by the ED on 3/6/24 at 12:00 p.m., indicated "...Medications classified by the Drug Enforcement Administration (DEA) as controlled substances are subject to special handling, storage disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations...Schedule II through V medications and other medications subject to abuse or diversion are stored in either a permanently affixed, double locked compartment separate from all other medications or in accordance with state regulations. The access system to controlled medications is not the same as the access system for other medications (e.g., the key that opens the compartment is different from the key that opens the medication cart). If a key system is used, the medication nurse on duty maintains possession of the key to controlled substances, are kept by the Director of Nursing or designee...A controlled substance accountability record is prepared by the pharmacy/facility for all Schedule II, III, IV, and V medications, including those in the emergency supply...Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are retained in the facility in a securely locked area with restricted access until destroyed in accordance with facility policy and state regulations. Accountability records for discontinued controlled substances are maintained with the unused supply until it is destroyed or disposed of, and then stored for five years or as required by applicable law or regulation...."			

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	03/07/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	A current policy, titled "Discontinued Medications," dated 9/2018 and provided by the ED on 3/7/24 at 2:45 p.m., indicated "...When medications are discontinued by the prescriber or the resident is discharged and medications are not sent with the resident, the medications are marked as discontinued and stored in a secure and separate area from the active medications until destroyed per facility policy or returned to the pharmacy when permissible by state regulations...The nurse documents the order to discontinue the medication in the resident's record...Medications are removed from the medication cart or active supply immediately upon receipt of an order to discontinue (to avoid inadvertent administration). 3. Medications awaiting disposal or return are stored in a locked, secure area designed for that purpose until destroyed or picked up by the pharmacy...Discontinued medications not returned to the pharmacy are destroyed in accordance with facility policy...." This citation relates to Complaint IN00429433. 3.1-25(n) 3.1-25(o)			