STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155064	A. BUILDING 00 B. WING	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE KOKOMO	3518 S LAFOUNTAIN ST KOKOMO, IN 46902

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00372373. Complaint IN00372373- Substantiated. Federal/state deficiencies related to the allegations are cited at F624. Survey date: February 10, 2022 Facility number: 000025 Provider number: 155064 AIM number: 100274850 Census Bed Type: SNF/NF: 63 Total: 63 Census Payor Type: Medicare: 18 Medicaid: 30 Other: 15 Total: 63 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on February 18, 2022.	F 0000		
F 0624 SS=D Bldg. 00	483.15(c)(7) Preparation for Safe/Orderly Transfer/Dschrg §483.15(c)(7) Orientation for transfer or discharge. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. Based on interview and record review, the facility failed to ensure a resident had the required physician ordered oxygen for home use prior to discharging the resident for 1 of 3 residents reviewed for transfer and discharges (Resident B). Finding includes: The record for Resident B was reviewed on 2/10/2022 at 3:00 p.m. Diagnoses included, but were not limited to, Covid-19, acute kidney failure, pneumonia due to coronavirus disease and acute respiratory failure with hypoxia. A care plan, dated 1/5/2022, indicated the resident had altered respiratory status and difficulty breathing related to Covid-19, Covid pneumonia and respiratory failure. A Weights and Vital Summary indicated the resident had the following oxygen saturations: a. On 1/14/2022 at 10:41 a.m., 96% with oxygen via a mask. b. On 1/13/2022 at 9:14 a.m., 94% with oxygen via a mask. c. On 11/12/2022 at 7:21 a.m., 95% with oxygen via a mask. A physician's order, dated 1/14/2022 at 9:50 a.m., indicated the resident may be discharged with HH (home health), PT (physical therapy)/OT (occupational therapy) and oxygen when arrangements were made. A social services progress note, dated 1/14/2022 at 9:50 a.m., indicated a discharge care plan	F 0624	**F624** *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **1) Immediate actions taken for those residents identified: Residents B is no longer in facility.** **2) How the facility identified other residents: All residents being discharged have the potential to be affected by this alleged deficient practice.** **3) Measures put into place/**	03/04/2022

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	meeting was held with the resident's daughter. The daughter would be picking up the resident at 3:00 p.m. today to discharge home with home health care, PT/OT with oxygen at 3 liters. The progress note did not include information about the need for the oxygen or if arrangements had been completed to obtain the oxygen at home. A progress note, dated 1/14/2022 at 3:11 p.m., indicated the resident was discharged to home with his daughter in a personal vehicle. The daughter was educated on the medication and to follow up with the primary care physician. The progress note did not include information about the use of oxygen at home. A fax to [name of durable equipment company], dated 1/14/2022 at 11:09 a.m., indicated Resident B was being discharged to home with home health, PT/OT and oxygen when arrangements were made. The fax to the medical equipment company did not include the prescription for the oxygen or the liter flow rate for the oxygen. A fax, dated 1/25/2022 at 3:45 p.m., indicated oxygen via nasal cannula on 2L(liters) per oxygen concentrator. May also have a portable oxygen tank. The physician order on the fax was dated 1/14/2022. A Discharge/Transfer/LOA [leave of absence], dated 1/14/2022 at 1:53 p.m., indicated the resident was discharged on 1/14/2022 at 3:00		**System changes: Social Service Director was reeducated on preparation for safe/orderly/transfer/discharge, including but not limited to, initiating measures for follow-up care as indicated, ensuring appropriate Home Health care, or other facilities, have accurate information timely before discharge; and ensuring documentation of a discharge note that states specific instructions given to resident and responsible party.** **4) How the corrective actions will be monitored:** **Administrator, or designee, will review the documentation relative to discharge planning and ensuring accurate information was given to other facilities (Home Health, other medical facilities, etc.) at the time of discharge. SSD will ensure the resident has been set up with all needed equipment, and other necessary services, prior to discharge. Administrator, or designee, will audit discharges daily X 4 weeks, then 3 times a week X 4 weeks and then 2 times a week X 4 weeks to ensure continued compliance**	

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	p.m., to a private home with home health. The resident left with his daughter. A Discharge Instruction, dated 1/14/2022 at 3:00 p.m., indicated the resident's most recent oxygen saturation was 94% with oxygen via a mask. The equipment referral included oxygen. During an interview, on 2/10/2022 at 2:46 p.m., the [name of medical supply company] indicated they received information on a Friday afternoon which indicated it was okay to discharge Resident B with oxygen at home. The information did not include the physician order for the oxygen or the liter flow rate for the oxygen. The company could not dispense the oxygen without the physician orders including the liter flow rate. They called the facility social services director (SSD) and left a message on her voice mail. Then the medical supply company immediately called back to the facility and told the receptionist they needed to speak to someone in person about the oxygen. They talked to another staff and told them they needed the actual physician order with the flow rate before the oxygen could be dispensed and the staff indicated they would get the information to the company. The original faxed order which did not include the physician's order was not received at the medical supply company until the afternoon of the day of discharge. The medical supply company did not get the actual physician's order for the oxygen from the facility until 11 days later and did not set up the oxygen until this time. During an interview, on 2/10/2022 at 2:34 p.m., a family member indicated Resident B had orders for oxygen which were called in to [name of medical equipment company] on the same day the resident was to be discharged from the		**with provision of discharge needs. Administrator will complete an audit tool for completed discharges.** **The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.** **5) Date of compliance: March 4, 2022**	

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	facility. The medical equipment company indicated they had not received a prescription for the oxygen and had tried to call the facility for the clarification of the orders and could not reach anyone. The family called the facility social services director (SSD) and she indicated she would get the order sent to the medical company. The medical company told the family, they would be unable to deliver the oxygen until the following Monday even if they got the orders due to the late time of day. The family indicated 11 days later, they had talked to the Director of Nursing (DON) about the order for the oxygen. Then the SSD talked to the family and the order was sent to the medical company on 1/25/2022. During an interview, on 2/10/2022 at 3:59 p.m., the DON indicated the physician's order for the oxygen including the flow rate was not faxed to the medical supply company until 1/25/2022. The reason the physician order was dated for 1/14/2022 and not 1/25/2022 when the order was received from the physician, was the DON took the general order on 1/14/2022 and revised the order to add the physician prescription including the flow rate for the oxygen. So the actual physician order was not obtained and faxed to the medical supply company until 1/25/2022 even though the date on the order shows 1/14/2022. The actual physician order was not faxed to the medical company until 11 days after the resident was discharged. The DON indicated they just assumed the home health agency took care of everything and did not follow up. A current facility policy, titled "Discharge/Transfer of Resident," not dated and received from the DON on 2/10/2022 at 4:25 p.m., indicated "...To provide continuity of care and treatment...An attending physician order is			

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	required to discharge...Ongoing resident/family conferences should address health education and potential discharge planning needs. Initiate measures for follow-up care as indicated [Social Services, Home Health Care, etc.]...Ensure that resident's current physical and psycho/social assessment, medications and current treatment is completely described and available to the receiving facility upon transfer...Document discharge summary. Include notes on specific instructions given [medications, dressings, etc.] to resident and responsible parties in lay terminology...." This Federal Tag relates to Complaint IN00372373. 3.1-12(a)(3)			