

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

PRINTED: 12/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155819		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/01/2023	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF KOKOMO				STREET ADDRESS, CITY, STATE, ZIP COD 2200 SOUTH DIXON ROAD KOKOMO, IN 46902			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00421571. This visit included the Investigation of Residential Complaints IN00418364 and IN00421240.</p> <p>Complaint IN00421571-Federal/State deficiencies related to the allegations are cited at F0842.</p> <p>Complaint IN00418364-State deficiencies related to the allegations are cited at R0054.</p> <p>Complaint IN00421240-No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 29 and 30 and December 1, 2023</p> <p>Facility number: 013153 Provider number: 155819 AIM number: 201254360</p> <p>Census bed type: SNF: 41 SNF/NF: 10 Residential: 29 Total: 80</p> <p>Census payor type: Medicare: 24 Medicaid: 10 Other: 17 Total: 51</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on December 5,</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Wellbrooke of Kokomo that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Wellbrooke of Kokomo. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		

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

TITLE

(X6) DATE

Amorette Dunkle

Executive Director

12/15/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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F 0842 SS=D Bldg. 00	<p>2023.</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes,</p>						

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	<p>organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure there was accurate documentation of narcotic pain medication being signed out for 1 of 3 residents being reviewed for accurate documentation. (Resident B)</p> <p>Finding includes:</p>			F 0842	<p>1.Resident B was affected. No adverse effects have been noted from the alleged deficient practice.</p> <p>2.All residents prescribed PRN narcotics have the potential to be affected. All nurses and QMAs educated on signing narc sheet and signing off medication in</p>		12/17/2023

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	<p>The record for Resident B was reviewed on 11/30/23 at 3:45 p.m. Diagnoses included, but were not limited to, malignant neoplasm of endocrine pancreas, Parkinson's disease, type 2 diabetes mellitus, osteoarthritis, secondary malignant neoplasm of liver and intrahepatic bile duct, and muscle weakness.</p> <p>A narcotic count sheet for Resident B's Morphine 100 mg (milligrams) per 5 ml (milliliters) (20 mg/1ml) was reviewed and indicated the following doses of Morphine (a narcotic pain medication, which is highly regulated by the federal government) were given on the following dates and times:</p> <p>On 11/1/23 at 3:00 a.m., 0.25 mg were given, and 0 mg were wasted. On 12/1/23 at 1:30 a.m., 0.5 mg were given, and 0 mg were wasted. On 12/1/23 at 2:30 a.m., 0.5 mg were given, and 0 mg were wasted. On 12/1/23 at 4:00 a.m., 0.5 mg were given, and 0 mg were wasted.</p> <p>The Electronic Medication Administration Record (EMAR), dated 11/1/23 to 11/30/23, included, but was not limited to, the following physician's order: 10/22/23 to 11/24/23, Morphine Concentrate (Schedule II) solution 100 mg/5 ml (20 mg/1 ml). Give 0.25 ml by mouth every six hours as needed (PRN) for pain.</p> <p>There was no documentation in the EMAR, on 11/1/23, to indicate the resident had received a PRN dose of Morphine for pain as recorded on the narcotic sheet.</p> <p>The EMAR, dated 12/1/23, included, but was not limited to, the following physician's order: 11/30/23, Morphine Concentrate (Schedule II)</p>				<p>EMAR when administering PRN narcotic medications. Audit completed for all PRN narcotic medications to ensure that narc sheet and EMAR are signed off timely by clinician.</p> <p>3.As a measure of ongoing compliance, the DHS or designee will perform audits on 5 residents receiving PRN narcotic medications, as available, 5x weekly x4 weeks, then 3x weekly for 4 weeks, then 1x weekly for 4 weeks, then 1x monthly for 3 months.</p> <p>4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings or until 100% compliance is achieved. The plan will be reviewed and updated as warranted.</p>		

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	<p>solution 100 mg/5 ml (20 mg/1 ml). Give 0.5 ml by mouth as needed every one hour for pain.</p> <p>There was no documentation in the EMAR, on 12/1/23, to indicate the resident had received a PRN dose of Morphine for pain at 1:30 a.m., 2:30 a.m., or 4:00 a.m., as recorded on the narcotic sheet.</p> <p>During an interview, on 12/1/23 at 2:15 p.m., RN 5 indicated after a PRN narcotic dose was given, the dose administered was to be documented on the EMAR. After reviewing the resident's EMAR's for November and December, they had discovered there were four doses of PRN Morphine solution which were signed out on the narcotic count sheet, but not signed out on the EMARs. By not signing out the PRN doses on the EMAR, this was considered a documentation error.</p> <p>A current policy, titled "Disposal of Medications and Medication-Related Supplies IEI: Controlled Substance Disposal," dated 01/17 and provided by the Clinical Support Nurse on 12/1/23 at 2:31 p.m., indicated "...Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal and state laws and regulations...The Director of Nursing, in collaboration with the Consultant Pharmacist, is responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications...."</p> <p>A current policy, titled "Medication Administration Times Procedural Guidelines," dated 12/1/21 and provided by the Director of Nursing Services (DNS) on 11/29/23 at 1:00 p.m.,</p>						

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R 0000 Bldg. 00	<p>indicated "...To ensure medication is administered in resident centered fashion and documented in medical record...."</p> <p>This citation relates to Complaint IN00421571.</p> <p>3.1-50(a)(2)</p> <p>This visit was for the Investigation of Residential Complaints IN00418364 and IN00421240. This visit included the Investigation of Nursing Home Complaint IN00421571.</p> <p>Complaint IN00418364-State deficiencies related to the allegations are cited at R0054.</p> <p>Complaint IN00421240-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421571-Federal/State deficiencies related to the allegations are cited at F0842.</p> <p>Survey dates: November 29 and 30 and December 1, 2023</p> <p>Facility number: 013153</p> <p>Residential Census: 29</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on December 5, 2023.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by Wellbrooke of Kokomo that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Wellbrooke of Kokomo. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
R 0054	<p>410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency</p>						

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Bldg. 00	<p>(x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' medical information was kept confidential and private for 3 of 3 residents reviewed for confidentiality of clinical records. (Residents C, D and E)</p> <p>Findings include:</p> <p>A document, titled "Intake Information," dated 9/26/23, indicated LPN 1 gave a complainant her cell phone. The cell phone contained pictures of residents' medical information. There were pictures of residents' medical information for Residents C, D and E observed in these pictures.</p> <p>During an interview, on 11/29/23 at 11:20 a.m., RN 4 indicated LPN 1 admitted to her, back in September 2023, she had taken pictures of residents' medical information to use to text physicians and family members. When she gave her phone back to her husband, he seen the residents' medical information. She thought she had deleted all the information off the phone prior to giving the phone back to him.</p> <p>During a phone interview, on 11/29/23 at 1:51 p.m., a complaintant indicated he had received a cell</p>			R 0054	<p>1.Resident C, Resident D, and Resident E were affected by the alleged deficient practice. No adverse effects have been noted from the alleged deficient practice.</p> <p>2.All residents have the potential to be affected. LPN was educated and counseled regarding following HIPAA policy. All staff to be educated on HIPAA compliance.</p> <p>3.As a measure of ongoing compliance, the DHS or designee will perform audit during routine rounding to ensure PHI is secured and HIPAA review questions will be completed with staff. Audit and review questions with 3 employees will be completed weekly x4 weeks, then every other week x2 months, then monthly x3 months as available.</p> <p>4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings or until 100% compliance is achieved .</p>		12/17/2023

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	<p>phone from LPN 1. He found residents' medical information on the Scan Disk (SD) card in the phone. He was going to delete the information from the SD card as soon as he spoke to the surveyor from the State Department of Health.</p> <p>During an interview, on 11/29/23 at 3:48 p.m., with LPN 1, RN 4, RN 5 and RN 6 in attendance. LPN 1 indicated she had taken pictures of residents' medical information to text to physicians and family members to make communicating with them easier for her. She had difficulty hearing on the phone, so she texted the information to the physicians and family members at times. She had no malice intentions nor did she share any of this information on any social media platform. She thought she had deleted the information from the phone prior to giving it back. She had forgotten about deleting the information on the SD card. At that time, LPN 1 was shown pictures of each resident's medical information. For Resident C, there was a Pharmacy Recommendation, dated 4/29/23, she had text to the physician to act upon. For Resident D, there was a prescription bottle for an unidentified medication with a script number showing, dated 6/9/23, she had text to a family member to get the script refilled. For Resident E, there was a chest X-ray result, dated 6/27/23, she had text to the physician. LPN 1 indicated she had taken the pictures of Residents C, D and E's medical information.</p> <p>A document, titled "Employee Corrective Action Form," dated 9/29/23, indicated LPN 1 was given a written warning for a policy violation for Health Insurance Portability and Accountability Act (HIPAA) as self reported to the Director of Health Services, on 9/29/23, regarding using her personal cell phone to text and ask Nurse Practitioners and Physicians questions and to notify them and</p>				The plan will be reviewed and updated as warranted.		

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	<p>family members of resident care and change of condition concerns.</p> <p>A current policy, titled "Resident Rights Guidelines," dated 5/11/17 and provided by the Director of Nursing Services on 11/29/23 at 1:00 p.m., indicated "...To ensure resident rights are respected and protected and provide an environment in which they can be exercised...Our residents have a right to...Have their records containing personal and financial information kept confidential. d. Privacy...f. Be treated fairly, courteously and with respect by all staff..."</p> <p>A current policy, titled "Cell Phones, Cameras & Electronic Devices," dated June 2023 and provided by the Director of Nursing Services on 11/29/23 at 1:00 p.m., indicated "...This policy is designed to maintain excellent customer service, comply with healthcare regulations and protect residents' rights to privacy and confidentiality...Personal Cell Phone Use: a. Personal cell phones may be carried and/or possessed but may not be used in work areas. b. Use of personal cell phones and other electronic devices are strictly prohibited in work areas. c. Personal cell phones may be used during break and meal periods in non-work areas only...Authorized Photography and other Electronic Device Use...c. The unauthorized use of a cell phone, camera or other electronic device to photograph or record any resident and/or his/her personal space including accommodations and personal care without the resident's or designated representative's written consent is prohibited...e. Under no circumstances should Personal Health information (PHI) be stored on a cell phone, camera or other handheld electronic device or transferred via email. The company provides other methods to send PHI that are secure and</p>						

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	<p>aligned with HIPAA best practices and guidelines. All employees are stewards of our resident's PHI and have a responsibility to protect that information regardless of whether the device is owned by the employee or the Company...5. Resident's Rights to Privacy and Confidentiality a. Any unauthorized photographs or recordings of a resident and/or his/her personal space, including accommodations and personal care, without the resident's or designated representative's written consent, is a violation of the resident's right to privacy and confidentiality...6. Allegations of Abuse...c. In the event of misuse or potential misuse the device/equipment and all photos or recording files or mediums contained in the cell phone, camera or electronic device will be seized and reviewed. 7. Any violation of this policy may result in disciplinary action, up to, and including termination."</p> <p>This citation relates to Complaint IN00418364.</p>						