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	12/29/2021

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 IN00369184 and IN00369331. Complaint IN00369184 - Substantiated. Federal/State deficiency related to the allegations is cited at F760. Complaint IN00369331 - Substantiated. No deficiencies related to the allegations were cited. Survey dates: December 27, 28 and 29, 2021 Facility number: 000127 Provider number: 155222 AIM number: 100291430 Census bed type: SNF/NF: 73 Total: 73 Census payor type: Medicare: 5 Medicaid: 53 Other: 15 Total: 73 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on January 9, 2022.	F 0000	/p>	
F 0760 SS=E Bldg. 00	483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on observation, interview and record	F 0760	1) 1) Residents F, B, C, H, K,	01/06/2022

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 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	12/29/2021

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
	review, the facility failed to ensure 78 of 105 medications were administered as ordered by the residents' Physicians orders for 7 of 18 residents and the facility failed to ensure 42 of 78 medication errors were not significant medication errors for 7 of 18 residents' Physician orders reviewed for significant medication errors (Residents F, B, C, H, K, L and M). Findings include: During an interview, on 12/27/21 at 3:30 p.m., the Interim Executive Director (IED) indicated on 12/12/21, QMA 9 came into work late. She was supposed to work from 6:00 a.m. to 6:00 p.m., but she did not arrive to work until 8:00 a.m., and worked until 5:00 p.m. The QMA could not find the medication cart keys when she arrived to the facility, so she thought RN 10 took the cart keys home with him when he left the facility. She was unable to pass her medications throughout the day. When she opened the narcotic count book to sign out her narcotics for her shift on the West unit, she found the medication cart keys to the Central medication cart in the West narcotic log book. When asked if these residents' Physicians were notified of the medications not being administered as ordered the IED indicated she was notified about this incident the next day on 12/13/21, which was her first day of work at the facility, and she did not know if these residents' Physicians were notified or not. During an interview, on 12/28/21 at 10:43 a.m., LPN 3 indicated on 12/12/21 approximately between 9:00 a.m. to 10:00 a.m., QMA 9 called and asked her if she had a key to get into the Central hallway medication cart because RN 10 went home with the keys and she needed in the medication cart to pass the residents' medications. LPN 3 indicated		L, and M could not be identified due to resident confidentiality. MD was notified of all meds not administered on 12/12/21. 2) 2) All residents have the potential to be affected. An audit was performed on MAR and TAR documentation for previous 7 days. MD and families were notified of missing documentation. 3) 3) All licensed nurses and qualified medication aides were educated on “Medication Administration”. Medication competencies were completed with all licensed nurses and qualified medication aides. 4) 4)DON or clinical designee will review medication administration audit five days a week in clinical morning meeting to identify any missing documentation on MAR and TAR. Any documentation errors will be corrected, and any medication errors will be reported to MD and family and documented. DON or designee will perform medication pass observations at the following frequency – 5 observations per week x 30 days, then 3 observations per week x 30 days, then 1 time per week x 30 days. 5) 5)The DON/Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 3 months, then randomly thereafter for further	

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	12/29/2021

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
	to QMA 9 to call the Maintenance staff member on call and she gave her his phone number, to ask him to get into the Director of Nursing's (DON) office to get the spare set of keys to the Central unit medication cart, but there was no spare narcotic keys. She would not be able to pass the narcotics until RN 10 brought the medication keys with the narcotic box key back to the facility. The Maintenance Director messaged her to make sure he could get into the DON's office to obtain the spare medication cart keys. She indicated he could and he was supposed to go to the facility to get the keys for QMA 9. As far as she knew, the Maintenance Director went to the facility and got the keys for QMA 9. On the same day at approximately 4:00 p.m., medication pass, QMA 9 called LPN 3 back and told her to forget about trying to call RN 10 to have him bring the cart keys back to the facility because she just found them in the West hallway narcotic count log book. A document, titled "Teachable Moment," dated 12/15/21, provided by the IED on 12/28/21 at 12:09 p.m., indicated "On 12/13/21 a resident reported she did not get her meds on Sunday 12-12-21. Investigation determined that QMA [Qualified Medication Aide] [9] was on duty. I met with her to 12-15-21. According to her timesheet she was scheduled to work 6:00 a.m. to 6:00 p.m. She arrived to work at 8:00 a.m. and left at 5:00 p.m. [QMA 9] stated when she arrived at work at 8:00 a.m. she could not locate the med cart keys so could not pass any meds. She asked other nurses on duty and thought maybe the former nurse took them home. She did not speak with a member of nurse management, the acting ED about missing keys. She was also working on another unit and was able to pass meds on that unit. During conversation she stated she signs out her narcotics toward the end of her shift. When she		recommendations.	

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	12/29/2021

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
	did that on the other unit she found the keys to the med cart she needed and was able to pass some medications after that. She stated she called the facility and spoke with another QMA advising them she would be late. She asked another QMA if it was O.K. for her to leave early since all her work was done. I provided education for the following: 1. She is to sign out each narcotic medication as it is given, not at the end of her shift. 2. She is to contact a supervisor when she will be late and wants to leave early, not another staff member on duty. I asked her to follow proper protocol as above and she acknowledged understanding. I advised her I was writing this as a teachable moment and that further disciplinary action could occur." A document, titled "Grievance/Complaint Form," dated 12/13/21, provided by the IED on 12/28/21 at 4:00 p.m., indicated Resident B indicated she did not receive all her medications on Sunday 12/12/21. An investigation with the QMA involved occurred and the cause of the omitted medications was because QMA 9 did not arrive timely or follow medication procedures. The action taken was disciplinary action of the assigned QMA. The grievance was resolved by advising the resident the staff responsible for not administering the medications had been addressed. During an interview, on 12/28/21 at 4:05 p.m., Resident B indicated on 12/12/21, she and the rest of the residents on the Central hallway did not receive their medications until close to 5 p.m. When she first asked QMA 9 when she was going to get her morning medications for the day she was informed the night nurse had taken the medication cart keys for their medication cart home and he would not bring them back until he			

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	12/29/2021

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
	came back into work that afternoon, so she was not able to get the medications out of the cart. At 3:00 p.m., she went to the West hallway to ask QMA 9 if she had the keys yet because RN 10 usually worked afternoons and she thought he would have come in at 2:00 p.m., and brought the keys with him, but he would not be coming in until the midnight shift that day and QMA 9 was still unable to get the medications for the residents. Resident B indicated she had not had any pain or anxiety medications since earlier in the morning prior to QMA 9 coming onto her shift. QMA 9 gave Tramadol to her close to 5:00 p.m., after she found the keys to the cart in the book on the West hallway. During an interview, on 12/28/21 at 7:30 p.m., QMA 9 indicated she called the morning of 12/12/21 to let QMA 6 know she was going to be late. QMA 6 indicated she would place the West hallway medication cart keys in the "cubby hole." When she arrived at the facility at 8:00 a.m., she found the West hallway medication cart keys in the "cubby hole," but she could not find the Central hallway medication cart keys. She asked RN 12 and LPN 13 if either of them had the keys to the Central hallway medication cart and neither of them had the keys. She did not count the West medication narcotics in the cart prior to starting her medication pass. RN 12 attempted to call RN 10, but he never answered his phone. LPN 13 contacted LPN 3, who indicated the Maintenance Director was to get the extra set of medication cart keys for the Central cart from the DON's office for her, but he never showed up to get the keys for her. At the end of her shift at 5:00 p.m., she was leaving early that day, she opened the West narcotic count log book to document all her narcotics she had given for the day and she found the Central medication cart keys in the West			

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	12/29/2021

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
	narcotic book. At that time, approximately 5:00 p.m., she gave all the medications that had been scheduled for 2:00 p.m., 3:00 p.m., 4:00 p.m., and 5:00 p.m., to the residents on the Central hallway. She had not given any of the residents' 7:00 a.m. to 1:00 p.m., medications or completed accuchecks prior to that time, due to she could not get into the Central medication cart as indicated by the EMAR'S were not signed off for those medications, which were due during those time frames. QMA 9 indicated if she had counted her West narcotics when she first got to the facility at 8:00 a.m., that morning, she would have found the Central hallway cart keys and those residents would not have missed their scheduled doses of medications. During an interview, on 12/28/21 at 8:38 p.m., RN 10 indicated he counted the Central narcotics box with QMA 6 the morning of 12/12/21 and left the keys with her. 1. On 12/28/21 at 11:43 a.m., QMA 6 was observed administering medications to Resident F. She administered Hydrocodone-APAP (Acetaminophen) (a narcotic pain medication) 7.5-325 mg (milligrams). QMA 6 was to administer Lyrica (a non-narcotic pain medication used to treat nerve pain) 50 mg, but the medication was not available in the resident's medications in the narcotic lock box, the medication cart, or in the Emergency Drug Kit (EDK). QMA 6 reviewed the resident's narcotic log sheet, which indicated she had not received her Lyrica since 12/20/21. At that same time, Resident F indicated she had not taken her Lyrica in over a week due to it had not been available from the pharmacy, but she did not know why. During an interview, on 12/28/21 at 11:56 a.m., the			

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	12/29/2021

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
	Nurse Practitioner (NP) 14 indicated she was not aware Resident F had not received her Lyrica since 12/20/21. During an interview, on 12/28/21 at 11:59 a.m., QMA 6 indicated she called the Pharmacy and was told the script needed signed by the Physician before Resident F's Lyrica would be sent to the facility. She had made a list of medications, which required refills for one of the nurses to call into the Pharmacy the other day when she worked on the West and Central hallways. During an interview, on 12/29/21 at 4:35 p.m., Pharmacist 15 indicated Resident F's Lyrica was not delivered until 12/29/21 at 4:00 a.m. The original script had been written for 180 pills and 60 had been sent in that day's delivery. The reason the medication had not been delivered prior to 12/29/21, was because the nursing staff had not called the Pharmacy to have it delivered to the facility. Resident F's record was reviewed on 12/29/21 at 3:00 p.m. Diagnoses included, but were not limited to, hypertension, major depressive disorder, asthma, personal history of pulmonary embolism, polyneuropathy and Type 2 diabetes mellitus. Resident F's Electronic Medication Administration Record (EMAR), dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors (a medication error, which shows a high potential for creating problems for the typical long-term care facility			

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	12/29/2021

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
	resident.) a. Lasix (a medication used to remove excessive fluid from the body) 20 mg, give one tablet enterally one time a day for edema. To be given at 10:00 a.m. b. Lisinopril tablet (a medication used to treat high blood pressure) give one tablet one time a day for hypertension. If systolic was greater than 180 and diastolic was greater than 110 and pulse was less than 60, call the physician. The resident's blood pressure and pulse was not documented for this date and time. To be given at 10:00 a.m. c. Diltiazem HCL (hydrochloride) (a medication used to treat heart diseases and high blood pressure) capsule extended release 24 hour 240 mg, give one capsule by mouth two times a day. If pulse was less than 60, call the Physician. The resident's pulse was not documented for this date and time. To be given at 8:00 a.m. d. Lyrica Capsule 150 mg, give one capsule by mouth every morning and at bedtime for Pain. e. Metformin HCL (a medication used to help control a resident's blood sugars) tablet 1000 mg, give one tablet by mouth two times a day relate to Type 2 diabetes mellitus (DM). To be given at 10:00 a.m. f. Novolog Flex Pen Solution Pen-Injector 100 units/ml (milliliter), inject as per sliding scale: If 200-250 give 4 units + (plus) 2 units If 251-300 give 6 units + 2 units If 301-350 give 8 units + 2 units If 351-400 give 10 units + 2 units If 401-450 give 12 units + 2 units If 451-500 give 14 units + 2 units subcutaneously			

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	12/29/2021

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
	two times a day. If the resident refuses the accucheck, do not administer the insulin and call the MD (Medical Doctor). To be completed at 7:00 a.m. g. Lyrica 50 mg, give one capsule by mouth one time a day for pain To be given at 12:00 p.m. h. Potassium Chloride Extended Release (ER) tablet (an electrolyte supplement essential for our body to thrive) 10 meq (milliequivalent), give one tablet by mouth one time a day for supplement. To be given at 10:00 a.m. i. Amoxicillin-Pot Clavulanate Tablet (an antibiotic used to treat many organisms) 875-125 mg, give one tablet by mouth every 12 hours for bacterial infection for 10 days. To be given at 8:00 a.m. j. Xarelto Tablet (a medication used to thin the blood to prevent the occurrence of blood clots) give 2.5 mg, by mouth two times a day for history of pulmonary embolism. To be given at 9:00 a.m. k. Accuchecks before meals for DM. If resident refused Accucheck, DO NOT administer insulin, call the resident's Physician and document. To be completed at 7:00 a.m. and 11:00 a.m. l. Novolog FlexPen Pen-Injector 100 units/ml Inject 3 units subcutaneously with meals. If the resident refuses the accucheck, DO NOT administer insulin and call the MD. To be completed at 7:30 a.m. and 11:30 a.m. m. Hydrocodone-Acetaminophen tablet 7.5-325 mg, give one tablet by mouth four times a day for pain. To be given at 8:00 a.m. and 12:00 p.m. n. Jardiance (an oral medication used to help lower			

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	12/29/2021

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
	blood sugars) 10 mg, give one tablet by mouth one time a day related to Type 2 diabetes mellitus. To be given at 10:00 a.m. o. Blink Tears Solution 0.25%, instill one drop in both eyes every two hours for eye infection. To be given at 7:00 a.m., 9:00 a.m., 11:00 a.m., 1:00 p.m., and 3:00 p.m. A document, titled "Disposition of Unused Drugs," dated 11/17/21, indicated the last dose of Lyrica 150 mg Resident F received was on 12/20/21 at 8:00 p.m. 2. Resident B's record was reviewed on 12/29/21 at 3:15 p.m. Diagnoses included, but were not limited to, Lupus, fibromyalgia, rheumatoid arthritis, other chronic pain, anxiety disorder, heart failure and bipolar disorder. Resident B's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors. a. Alprazolam tablet (a medication used to treat anxiety) one mg, by mouth three times a day for anxiety. To be given at 7:00 a.m. and 12:00 p.m. b. Glycopyrrolate tablet (a medication used to decrease the amount of stomach acid) one mg, give one table by mouth three times a day for stomach acid. To be given at 8:00 a.m. and 2:00 p.m. The 2:00 p.m. dose was given at 5:00 p.m. c. Lyrica capsule 200 mg, give one capsule by mouth three times a day for pain. To be given at			

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	12/29/2021

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
	7:00 a.m. and 12:00 p.m. d. Tramadol HCL tablet (a narcotic pain medication) 50 mg, give one tablet by mouth four times a day for moderate to severe pain. To be given at 8:00 a.m. and 12:00 p.m. 3. Resident C's record was reviewed on 12/29/21 at 3:30 p.m. Diagnoses included, but were not limited to, Parkinson's Disease, Type II diabetes mellitus, convulsions, major depressive disorder, gastro-esophageal reflux disease (GERD), hypertension and anxiety disorder. Resident C's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors. a. Pantoprazole Sodium delayed release tablet (a medication used to decrease the amount of stomach acid present) 40 mg, give one tablet by mouth one time a day for GERD. To be given at 8:00 a.m. b. Levetiracetam Extended Release (ER) (24 hours) tablet (a medication used to treat seizures) 500 mg, give two tablets by mouth two times a day for seizures. To be given at 8:00 a.m. c. Lisinopril Tablet (a medication used to treat high blood pressure) 10 mg, give one tablet by mouth two times a day for diabetes mellitus. To be given at 8:00 a.m. d. Carbidopa-Levodopa tablet (a medication used to treat Parkinson's Disease) 25-100 mg, give two			

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	12/29/2021

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
	tablets by mouth three times a day for Parkinson's Disease. To be given at 8:00 a.m. and 2:00 p.m. The 2:00 p.m., dose was administered at the 5:00 p.m., medication med pass. e. Clonazepam Tablet (a medication used to treat anxiety) 0.5 mg, give one tablet by mouth three times a day for anxiety. To be given at 1:00 p.m. f. Hydralazine HCL tablet (a medication used to treat high blood pressure) 25 mg, give one tablet by mouth three times a day for hypertension. To be given at 8:00 a.m. and 2:00 p.m. The 2:00 p.m., dose was administered at the 5:00 p.m., medication med pass. 4. Resident H's record was reviewed on 12/29/21 at 3:45 p.m. Diagnoses included, but were not limited to, hypertension, diabetes mellitus, acute on chronic diastolic congestive heart failure, atrial fibrillation, myocardial infarction and chronic obstructive pulmonary disease. Resident H's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors. a. Amiodarone HCL tablet (a medication used to treat heart arrhythmias) 200 mg, give one tablet by mouth one time a day for hypertension. To be given at 8:00 a.m. b. Aspirin Tablet Chewable (a medication used to thin the blood to prevent blood clots) 81 mg, give one table by mouth in the morning for anticoagulant. To be given at 8:00 a.m.			

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	12/29/2021

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
	c. Furosemide tablet (a medication used to remove excessive fluid from the body) 40 mg, give one tablet by mouth one time a day for diuretic. To be given at 8:00 a.m. d. Jardiance tablet 25 mg, give one tablet by mouth one time a day for diabetes mellitus. To be given at 8:00 a.m. e. Losartan Potassium tablet 100 mg, give one tablet by mouth one time a day for blood pressure. To be given at 8:00 a.m. f. Spironolactone tablet (a medication used to remove excessive water from the body without removing potassium from the body) 25 mg, give one-half tablet by mouth one time a day for blood pressure. To be given at 8:00 a.m. g. Carvedilol tablet (a medication used to treat high blood pressure and/or heart conditions) 25 mg, give one tablet by mouth two times a day for hypertension. To be given at 8:00 a.m. and 5 p.m. h. Eliquis tablet (a medication used to thin the blood to prevent blood clots from forming) 5 mg, give one tablet by mouth two times a day for anticoagulant. To be given at 8:00 a.m. i. Metformin HCL tablet 1000 mg, give one tablet by mouth two times a day for diabetes mellitus. Give with Food. To be given at 8:00 a.m. and 4 p.m. j. Gabapentin capsule (a medication used to treat nerve pain) 400 mg, give one capsule by mouth four times a day for neuropathy. To be given at 8:00 a.m., 12:00 p.m. and 4:00 p.m.			

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	12/29/2021

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
	5. Resident K's record was reviewed on 12/29/21 at 4:00 p.m. Diagnoses included, but were not limited to, hypothyroidism, GERD, anxiety disorder and chronic pain. Resident K's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors. a. Famotidine tablet (a medication used to decrease the amount of stomach acid produced) 20 mg, give one tablet by mouth two times a day for GERD. To be given at 8:00 a.m. and 8:00 p.m. b. Oyster Shell Calcium Tablet (a supplement, which increased the amount of calcium in the bloodstream) 500 mg, give one tablet by mouth three times a day for vitamin deficiency. To be given at 8:00 a.m., 2:00 p.m. and 8:00 p.m. The 2:00 p.m. dose was given with the 5:00 p.m. medications. 6. Resident L's record was reviewed on 12/29/21 at 4:15 p.m. Diagnoses included, but were not limited to, cerebral infarction, asthma, malignant neoplasm of lymph nodes of head, face and neck, non-rheumatic aortic valve stenosis, aneurysm of carotid artery, COPD and hypothyroidism. Resident L's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors.			

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	12/29/2021

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. Prednisone tablet (a medication used to decrease inflammation over a series of days while tapering the doses) 20 mg, give 2 tablets by mouth one time a day for cold symptoms. To be given at 8:00 a.m. b. Advair Diskus Aerosol Powder Breath Activated 250-50 mg/dose one puff, inhale orally two times a day for asthma. To be given at 2:00 p.m. The 2:00 p.m. dose was given at 5:00 p.m. 7. Resident M's record was reviewed on 12/29/21 at 4:30 p.m. Diagnoses included, but were not limited to, dementia, major depressive disorder, GERD, hypokalemia and anxiety. Resident M's EMAR, dated December 2021, included, but was not limited to, the following orders, which the signature boxes were left blank for the date of 12/12/21, indicating QMA 9 did not administer the following medications on that particular date and the following medications were found to be significant medication errors. a. Buspirone HCL tablet (a medication used to treat nervousness and anxiety) 10 mg, give one tablet by mouth two times a day for anxiety. To be given at 8:00 a.m. and 8:00 p.m. b. Omeprazole (a medication used to decrease the stomach acid) capsule 20 mg, delayed release, give one capsule by mouth two times a day for GERD. To be given at 8:00 a.m. and 5:00 p.m. A current facility policy, titled "Medication Administration," dated as revised on 12/14/17 and provided by the Interim ED on 12/28/21 at 9:35 a.m., indicated "...Definitions: MAR: 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	12/29/2021

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
	Administration Record-the legal documentation for medication administration...Policy...The purpose of this policy is to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer. Procedure: 1. General Procedures: a. Administer medication only as prescribed by the provider...f. Observe the 'five rights' in giving each medication...ii. the right time...n. Narcotic key is to be carried by nurse administering medications...x. Report medication errors...Narcotics will be signed out when given. ff. Medications will be administered within the time frame of one hour before up to one hour after time ordered i. For medication to be taken around meals: 1. Before Meals: Provide medications thirty (30) minutes before meal time 2. After Meals: Provide medications thirty (30) minutes after meal time...gg. Medications that are refused or withheld or not given will be documented i. Critical medications that are refused including insulin, warfarin, heparin or other anticoagulants will be followed up with physician contact...IV. Documentation: a. Documentation of medication will be current for medication administration. b. Documentation of medications will follow accepted standards of nursing practice...." This Federal tag relates to Complains IN00369184. 3.1-25(b)(9)			