STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155819	A. BUILDING 00 B. WING	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WELLBROOKE OF KOKOMO	2200 SOUTH DIXON ROAD KOKOMO, IN 46902

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F 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on December 7, 2022. This visit included a PSR to the Investigation of Complaints IN00379823, IN00398008, IN00388766, IN00392390, IN00394256 and IN00394417 completed on December 7, 2022. This visit included a PSR to the State Residential Licensure Survey completed on December 7, 2022. Complaint IN00379823 - Corrected. Complaint IN00398008 - Corrected. Complaint IN00388766 - Corrected. Complaint IN00392390 - Corrected. Complaint IN00394256 - Corrected. Complaint IN00394417 - Corrected. Survey dates: February 1 and 2, 2023. Facility number: 013153 Provider number: 155819 AIM number: 201254360 Census Bed Type: SNF/NF: 11 SNF: 42 Residential: 31 Total: 84 Census Payor Type: Medicare: 24 Medicaid: 11 Other: 18 Total: 53 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	The submission of this plan of correction does not indicate and 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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amorette Dunkle	Executive Director	02/16/2023

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.

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	Quality review was completed on February 9, 2023.			
F 0644 SS=E Bldg. 00	483.20(e)(1)(2) Coordination of PASARR and Assessments §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. Based on interview and record review, the facility failed to ensure a new PASARR (preadmission screening and resident review) was completed when an antipsychotic medication and new mental health diagnosis was added for 5 of 5 residents reviewed for PASARR. (Resident 411, 412, 402, 403 and 413) Findings include: 1. The record for Resident 411 was reviewed on 2/2/23 at 11:14 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, pseudobulbar affect, anxiety	F 0644	F-644 Coordination of PASSAR and Assessments 1.Residents #411, #412, #402, #403 and #413 PASSARS were affected by this practice. No actual harm occurred. PASARR modification request completed to have additional diagnosis and medications reflected on PASARR completed by Director of Social Services on 2/4/23. 2.All residents with serious mental disorder diagnosis at risk	02/04/2023

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	disorder, severe major depressive disorder with psychotic symptoms, mood disorder due to known physiological condition, and delirium due to a known physiological condition. A PASARR, dated 8/19/2022, indicated the resident had no known or suspected mental health diagnosis and no known mental health behaviors which affect interpersonal interactions. The primary medical condition was anoxic brain injury due to cardiac arrest. The medications included Seroquel (an antipsychotic) used secondary to a medical condition. The Level I screen indicated a PASARR disability was not present, there was no evidence of an intellectual/developmental disability or a serious behavioral health condition. If changes occurred or new information refuted the findings, a new screen must be submitted. A physician's order, dated 10/15/22, indicated valproic acid (an anticonvulsant used to stabilize mood) 250 mg (milligram)/5 ml (milliliter) to give 10 ml by gastric tube twice a day. The physician's order did not include a diagnosis. A Psychotherapy Progress note, dated 11/18/22, indicated the resident had a history of mood swings. The diagnoses included delirium due to a known physiological condition and an adjustment disorder with mixed anxiety and depressed mood. A care plan, dated 12/7/22, indicated the resident was at a risk for adverse consequences related to the use of an anticonvulsant for behavior disturbance and pseudobulbar effect. The PASARR did not include the diagnosis of severe major depressive disorder with psychotic symptoms or the use of the valproic acid for the		for inaccurate PASARR reflection are at risk to be affected. Campus Social Services Director reviewed all residents PASSAR to reflect appropriate diagnosis on PASARR by 2/4/23 with resident review to reflect appropriate diagnosis on PASARR. 3.The Social Services Director was re-in-serviced on resident trust guideline regarding PASARR requirements by 2/3/23. 4.As a measure of ongoing compliance, audits will be completed by SSD/Designee to ensure diagnosis meet required PASARR triggers to ensure compliance standards are met for all new admissions/readmissions. Audits will be conducted five days per week to ensure accuracy for 3 months, then three times per week for 2 months, then weekly times one month until substantial compliance is achieved. 5.As a quality measure, findings of audits will be reported to the QA Committee for ongoing compliance. This will be monitored by the SSD/Designee. The plan will be reviewed and updated as warranted.	

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	behavioral symptoms. 2. The record for Resident 412 was reviewed on 2/2/23 at 11:36 a.m. Diagnoses included, but were not limited to, unspecified dementia, moderate major depressive disorder, and delirium due to a known physiological condition. A PASARR, dated 3/21/22, indicated the resident had no known or suspected mental health diagnosis and no known mental health behaviors which affected interpersonal relationships. The resident was not on any mental health medications. If changes occurred or new information refuted the findings, a new screen must be completed. A physician's order, dated 11/5/22, indicated to give aripiprazole (an antipsychotic) 2 mg once a day for a mood disorder due to known physiological condition with depressive features. A care plan, dated 11/17/22, indicated the resident was at a risk for adverse consequences related to receiving an antipsychotic medication for a mood disorder. The PASARR did not include the use of an antipsychotic medication or the diagnosis of a mood disorder or moderate major depressive disorder. 3. The record for Resident 402 was reviewed on 2/2/23 at 1:58 p.m. Diagnoses included, but were not limited to, a fracture to the right femur, type 2 diabetes mellitus, pulmonary embolism, and diabetic neuropathy. A PASARR, dated 9/8/22, indicated the resident had no known or suspected mental health			

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	diagnosis and no known mental health behaviors which affected interpersonal interactions. The resident did not receive any mental health medications. If changes occurred or new information refuted the findings, a new screen must be completed. A physician's order, dated 12/29/22, indicated to give Zyprexa (an antipsychotic) 5 mg at bedtime. There was no diagnosis with the physician's order. A PASARR, dated 1/3/23, indicated the resident had no known or suspected mental health diagnosis and no known mental health behaviors which affected interpersonal interactions. The resident did not receive any mental health medications. If changes occurred or new information refuted the findings, a new screen must be completed. The PASARR, dated 1/3/23, did not include the use of the antipsychotic medication. 4. The record for Resident 403 was reviewed on 2/2/23 at 2:47 p.m. Diagnoses included, but were not limited to, bipolar disorder. A physician's order, dated 1/24/23, indicated to give risperidone (an antipsychotic) 1 mg twice a day. There was no diagnosis with the risperidone order. A PASARR, dated 1/25/23, indicated the resident had no known or suspected mental health diagnosis and no known mental health behaviors which affected interpersonal interactions. The			

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	resident was not on any mental health medications. If changes occurred or new information refuted the findings, a new screen must be completed. The PASARR, dated 1/25/23, did not include the diagnosis of bipolar disorder or the antipsychotic medication. 5. The record for Resident 413 was reviewed on 2/2/23 at 3:25 p.m. Diagnoses included, but were not limited to, severe major depressive disorder without psychotic features, and adult failure to thrive. A physician's order, dated 12/7/22, indicated to give abilify (an antipsychotic) 5 mg once a day. A PASARR, dated 12/12/22, indicated there were no known or suspected mental health diagnosis and no known mental health behaviors which affected interpersonal interactions. There were no mental health medications. If changes occurred or new information refuted the findings, a new screen must be completed. The PASARR did not include the antipsychotic medication or the diagnosis of the severe major depressive disorder. During an interview, on 2/2/23 at 3:31 p.m., the Social Services Director (SSD) indicated the PASARR information was not correct for Resident 411, 412, 402, 403 and 413 and new PASARRs should have been completed. The facility was trying to get appropriate diagnoses with the medications since they needed the diagnosis and the medication to complete the PASARR. The facility was in the process of changing psychiatric service providers.			

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	A current policy, titled "PASRR Quick Sheet," not dated and received from the Clinical Support Nurse on 2/2/23, indicated "...Below are items that can/will trigger a Level II PASRR...Individual has a severe mental illness. behavioral health diagnosis...ex. Schizophrenia, Bipolar disorder, Major Depression Disorder, Anxiety Disorder...." This deficiency was cited on 12/7/22. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-16(d)(1)(B)			
F 0758 SS=D Bldg. 00	483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose			

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	reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to ensure residents had an appropriate diagnosis for the use of psychotropic medications, to complete Abnormal Involuntary Movement Scale (AIMS) and medication blood levels for 3 of 5 residents reviewed for psychotropic medications. (Resident 412, 411 and 402) Findings include: 1. The record for Resident 412 was reviewed on 2/2/23 at 11:36 a.m. Diagnoses included, but were not limited to, unspecified dementia, moderate major depressive disorder, and delirium due to a	F 0758	F-758 Free from Unnec Psychotropic Meds/PRN Use 1.Residents #412, #411 and #402 were affected. Resident #412 reviewed and clinical rationale obtained for use of Aripiprazole and Abnormal Involuntary Movement Scale (AIMS) was completed. Resident #411 reviewed and clinical rationale obtained for use of Depakote and order for Valporic Acid lab obtained and completed. Resident #402 reviewed and	02/04/2023

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	known physiological condition. A physician's order, dated 11/5/22, indicated to give aripiprazole (an antipsychotic) 2 mg (milligram) once a day for a mood disorder due to known physiological condition with depressive features. A care plan, dated 11/17/22, indicated the resident was at a risk for adverse consequences related to receiving an antipsychotic medication for a mood disorder. The approaches included, but were not limited to, AIMS test per guidelines and to observe and report signs of extrapyramidal symptoms (serious side effects of antipsychotic medication including restlessness, involuntary muscle contractions, stiff muscles, and involuntary facial movements). The resident did not have an AIMS completed in the Electronic Health Record. During an interview, on 3/3/23 at 5:25 p.m., the Clinical Support Nurse indicated the resident did not have an AIMS completed and was on an antipsychotic medication. 2. The record for Resident 411 was reviewed on 2/2/23 at 11:14 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, pseudobulbar affect, anxiety disorder, severe major depressive disorder with psychotic symptoms, mood disorder due to known physiological condition, and delirium due to a known physiological condition. A physician's order, dated 10/15/22, indicated valproic acid (an anticonvulsant used to stabilize mood) 250 mg (milligram)/5 ml (milliliter) to give 10 ml by gastric tube twice a day.		clinical rationale obtained for use of Zyprexa. 2.All residents using psychotropic medications have the potential to be affected. All residents with psychotropic medications were reviewed for appropriate clinical rationale for medication use. All residents with psychotropic medications were reviewed for completion of AIMS assessment. All residents with psychotropic medications were reviewed for labs to monitor blood levels related to psychotropic medications by 2/4/23. 3.The Director of Health Services was re-in-serviced on psychotropic medications regarding clinical rationale, AIMS assessment, and necessary labs for psychotropic medication use by 2/3/23. 4.As a measure of ongoing compliance, the DHS or designee will audit all new and re-admissions to ensure an appropriate diagnosis for psychotropic medications is obtained, an AIMS is completed if indicated and any labs obtained to monitor blood levels of psychotropic medications if indicated. Audits will be completed five days per week for three months, then two times per week for 2 months then weekly for one month until substantial compliance is achieved. 5.As a quality measure, findings	

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	The physician's order did not include a diagnosis and did not include orders for a valproic acid level or ammonia level. A Psychotherapy Progress note, dated 11/18/22, indicated the resident had a history of mood swings. The diagnoses included delirium due to a known physiological condition and an adjustment disorder with mixed anxiety and depressed mood. A care plan, dated 12/7/22, indicated the resident was at a risk of adverse consequences related to receiving an anticonvulsant medication for behavior disturbance and pseudobulbar affect. The approaches included, but were not limited to, administer medication per physician orders, provide the lowest effective dose possible and observe for side effects. A care plan, dated 2/2/23, indicated the resident presented with a diagnosis of migraine headaches which was treated with valproic acid. The approaches included, but were not limited to, monitor the adverse side effects of the medication, and observe mood, affect and behaviors with all hands-on care and contacts. The resident's diagnosis list did not include migraine headaches. The diagnosis for the medication was not clear if it was prescribed for the adjustment disorder, behaviors, pseudobulbar affect, or migraine headaches. During an interview, on 2/2/23 at 3:31 p.m., the Social Services Director (SSD) indicated the facility had reached out to the psychiatric service provider to get supporting diagnoses and		of audits and corrective action will be reported to the QA Committee for ongoing compliance. This will be monitored by the DHS/Designee. The plan will be reviewed and updated as warranted.	

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	clarification. The facility did not get cooperation from the provider and was in the process of getting a new psychiatric provider. During an interview, on 2/2/23 at 5:26 p.m., the Clinical Support Nurse indicated the resident did not have any valproic acid levels or ammonia levels completed. 3. The record for Resident 402 was reviewed on 2/2/23 at 1:58 p.m. Diagnoses included, but were not limited to, a fracture to the right femur, type 2 diabetes mellitus, pulmonary embolism, diabetic neuropathy, and malignant neoplasm of the pancreas. A physician's order, dated 12/29/22, indicated to give Zyprexa (an antipsychotic) 5 mg at bedtime. There was no diagnosis with the physician's order. A physician's order, dated 1/5/23, indicated a psychiatric evaluation. A progress note, dated 2/2/23 at 2:00 p.m., indicated the SSD and Clinical Support Nurse spoke to the NP regarding clarification for the use of Zyprexa. The resident had presented with signs and symptoms of a depressed mood during the hospital stay and upon admission to the facility. The NP clarified the diagnosis as a major depressive disorder. The resident had been on the medication for 35 days at the facility prior to getting a diagnosis for the antipsychotic medication. During an interview, on 2/2/23 at 3:32 p.m., the SSD indicated the facility was to be in compliance			

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	with diagnoses for the psychotropic medications on 12/29/22. They had been reaching out to the psychiatric provider to get clarification for the diagnoses for medications. Then they reached out to the physician. The resident did not have a diagnosis for the antipsychotic until 2/2/23. During an interview, on 2/2/23 at 5:25 p.m., the Clinical Support Nurse indicated the resident had not had the psychiatric evaluation ordered on 1/5/23. A current Nursing Drug Handbook indicated aripiprazole was indicated for schizophrenia, bipolar mania, and adjunctive treatment of major depressive disorder. The adverse reactions included, but were not limited to, extrapyramidal disorder and tardive dyskinesia (repetitive, involuntary movements). The nursing considerations included, but were not limited to, monitor for signs and symptoms of tardive dyskinesia. Elderly patients, especially women were at highest risk of developing this adverse effect. A current Nursing Drug Handbook indicated valproic acid was indicated for the use of seizures, mania and to prevent migraine headaches. The drug level was to be monitored for therapeutic levels. The use of the medication could cause elevated ammonia resulting in fatal encephalopathy (brain disease) and could indicate liver failure. Serious or fatal hepatoxicity may follow nonspecific symptoms such as malaise, fever, and lethargy. The prescriber should be notified at once if symptoms appeared. A current Nursing Drug Handbook indicated Zyprexa was indicated for use with schizophrenia, manic episodes linked to bipolar disorder,			

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	depressive episodes associated with bipolar disorder, treatment resistant depression and preventing chemotherapy-associated nausea or vomiting. A current policy, titled "Guidelines for: Abnormal Involuntary Movement Scale," dated as last reviewed on 12/01/22 and received from the Clinical Support Nurse on 2/2/23 at 5:17 p.m., indicated "...To assess residents that have prescribed antipsychotic medications to identify symptoms that may indicate the presence of Tardive Dyskinesia: a neurologic disorder characterized by abnormal involuntary movements which may occur as an undesired effect of dopamine blocking medications as well as other mediations...A licensed nurse will complete an AIMS scale assessment on all residents on antipsychotic medications and or other medications known to cause Tardive Dyskinesia...The AIMS assessment will be completed if possible, prior to the resident beginning this type of medication, or at the earliest possible time; either after admission; after medications listed above are prescribed; and with dosage changes...." A current policy, titled "Psychotropic Medication Usage and Gradual Dose Reductions," dated as reviewed on 11/15/21 and received from the Clinical Support Nurse on 2/2/23 at 5:17 p.m., indicated "...Residents shall receive psychotropic medications only if designated medically necessary by the prescriber, with appropriate diagnosis or documentation to support its usage. The medical necessity will be documented in the resident's medical record and in the care planning process...." This deficiency was cited on 12/7/22. The facility			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155819	A. BUILDING 00 B. WING	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WELLBROOKE OF KOKOMO	2200 SOUTH DIXON ROAD KOKOMO, IN 46902

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	failed to implement a systemic plan of correction to prevent recurrence. 3.1-48(a)(3) 3.1-48(a)(4) 3.1-48(a)(5)			
R 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on December 7, 2022. This visit included a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on December 7, 2022. This visit included a PSR to the Investigation of Complaints IN00379823, IN00398008, IN00388766, IN00392390, IN00394256 and IN00394417 completed on December 7, 2022. Complaint IN00379823 - Corrected. Complaint IN00398008 - Corrected. Complaint IN00388766 - Corrected. Complaint IN00392390 - Corrected. Complaint IN00394256 - Corrected. Complaint IN00394417 - Corrected. Survey dates: February 1 and 2, 2023 Facility number: 013153 Residential Census: 31 Wellbrooke of Kokomo was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey. Quality review was completed on February 9, 2023.	R 0000	The submission of this plan of correction does not indicate and 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.	