

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

PRINTED: 03/13/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/20/2020	
NAME OF PROVIDER OR SUPPLIER  BLOOM AT KOKOMO				STREET ADDRESS, CITY, STATE, ZIP COD 2800 S DIXON RD KOKOMO, IN 46902			
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00319207.</p> <p>Complaint IN00319207- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 18, 19 and 20, 2020.</p> <p>Facility number: 011366</p> <p>Residential Census: 78</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on February 26, 2020.</p>			R 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law.</p> <p>Bloom at Kokomo desires this Plan of Correction to be considered the community's Allegation of Compliance. Compliance is effective March 20, 2020.</p>		
R 0026  Bldg. 00	<p>410 IAC 16.2-5-1.2(a) Residents' Rights - Noncompliance (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding residents ' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents ' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents ' rights are updated or changed. There shall be documentation that each resident is in</p>						

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

TITLE

(X6) DATE

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 disclosable 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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	<p>receipt of the described residents ' rights and responsibilities. A copy of the residents ' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.</p> <p>Based on record review and interview, the facility failed to ensure a copy of the resident rights were signed and kept in the medical record per facility policy for 3 of 9 residents reviewed for the residents' rights and responsibilities (Residents D, F and G).</p> <p>Findings include:</p> <p>1. The record for Resident D was reviewed on 2/20/2020 at 2:35 p.m. Diagnoses included, but were not limited to, severe sepsis with septic shock, muscle weakness, dysphasia, adult failure to thrive, hypertension and depression.</p> <p>A signed residents rights documentation was not found.</p> <p>During an interview, on 2/20/2020 at 4:15 p.m., the Executive Director indicated he could not locate a signed residents rights document for the resident. The resident should have had a signed and dated residents rights and responsibilities documentation.</p> <p>2. The record for Resident F was reviewed on 2/20/2020 at 3:35 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, emphysema, depression, anxiety, delusional disorder, dementia, hypertension and heart disease.</p> <p>A signed residents rights documentation was not found.</p>			R 0026	<p>R 026</p> <p>It is the policy of Bloom at Kokomo that each resident or their legal representative shall be advised of residents' rights prior to admission and shall signify in writing receipt of the described residents' rights.</p> <p><u>Corrective actions:</u></p> <p>Resident D – resident rights and an acknowledgement of receipt was sent to the residents' legal representative on February 21, 2020 and the legal representative sent the acknowledgment back to the community.</p> <p>Resident F – resident was discharged February 8, 2020 due to death and as such we did not go back to the legal representative and ask them acknowledge receipt of the resident's rights since it was cited after the fact.</p> <p>Resident G – resident was discharged February 4, 2020 due to change in level of care and as such we did not go back to the legal representative and ask them acknowledge receipt of the resident's rights since it was cited after the fact.</p> <p><u>Identification of other residents:</u></p> <p>Resident's Rights and an acknowledgement of receipt of the</p>		03/20/2020

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	<p>During an interview, on 2/20/2020 at 4:15 p.m., the Executive Director indicated he could not locate a signed residents rights document for the resident. The resident should have had a signed and dated residents rights and responsibilities documentation.</p> <p>3. The record for Resident G was reviewed on 2/20/2020 at 2:45 p.m. Diagnoses included, but were not limited to, dementia.</p> <p>A signed residents rights documentation was not found.</p> <p>During an interview, on 2/20/2020 at 4:15 p.m., the Executive Director indicated he could not locate a signed residents rights document for the resident. The resident should have had a signed and dated residents rights and responsibilities documentation.</p> <p>A current facility policy, titled "Resident's Rights," dated 5/1/2019, received from the Executive Director on 2/20/2020 at 12:08 p.m., indicated "...Each resident shall be advised of resident's rights prior to admission and shall signify, in writing, upon admission and thereafter if the resident's rights are updated or changed. There shall be documentation that each resident is in receipt of the described resident's rights and responsibility...."</p>				<p>rights was distributed to all residents or their legal representative on February 21, 2020. Signed Resident's Rights Acknowledgement will be maintained with the move-in / admission file.</p> <p><u>Measures / systematic changes:</u> A copy of the Resident's Rights will be included in the Move-In Packet and reviewed with the resident and/or legal representative prior to admission. The Bloom Senior Living Resident Orientation and Move-In Checklist will be utilized which indicates the items to be reviewed with the resident and/or legal representative at the time of move-in, including an explanation and review of resident's rights and a copy of the applicable rights are provided.</p> <p><u>Corrective action monitoring:</u> The Executive Director will audit all Move-In Packets for all new admissions to assure that the resident and/or legal representative were given a copy of the Resident's Rights and acknowledged receipt in writing by acknowledging the Resident Orientation and Move-In Checklist. Any non-compliance will be corrected immediately by following-up with the Community Relations Director and the resident and/or legal representative will be contacted to acknowledge receipt of the resident's rights.</p>		

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R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure the appliances and kitchen areas were clean and free of dirt and debris in 1 of 1 main kitchen and 2 of 2 kitchenette areas. This deficient practice had the potential to affect 78 of 78 residents who resided in the facility.</p> <p>Findings include:</p> <p>During the tour of the kitchen, on 2/19/2020 with the Dietary Director at 10:45 a.m., the following observations were made:</p> <p>1. The main kitchen area:</p> <p>a. 4 of 18 overhead lights contained bugs, dirt and debris.</p> <p>b. the toaster had rust, dirt, food and debris.</p> <p>c. the convection oven had rust, grime, debris and dirt on the handles, inside and outside the doors, inside and outside the walls and the top of the oven was bowed in the center with grease and grim on top.</p> <p>d. the stove backslash had 3 large areas with 2 to 3.5 inches of grease, grime and rust.</p> <p>e. the stove top had rust, grease and grim and the bottom of the stove, the doors inside and outside had grease and grim.</p> <p>f. Five clean towels, near the stove, were in a bucket which contained pepper sprinkles, dirt and debris.</p> <p>g. Two boxes of opened gloves were posted, on the wall, near the stove and the boxes were</p>			R 0273	<p>R 273 It is the policy of Bloom at Kokomo that all food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling standards. <u>Corrective actions:</u> 1. Main kitchen area corrections were as follows: a. All overhead lights were cleaned, and lights added to the cleaning schedule. b. The toaster was cleaned and added to the daily cleaning schedule. c. Convection oven was cleaned inside and out and added to the daily cleaning schedule. d. The stove backslash was cleaned and added to the daily cleaning schedule. e. The stove top was cleaned and added to the daily cleaning schedule. f. The towels were removed and the bucket which held the towels was removed. Towels will be stored in another appropriate area. g. The gloves were removed from the wall near the stove and have been placed in a more appropriate area of the kitchen.</p>		03/20/2020

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	<p>covered in grease and grime.</p> <p>2. The first floor kitchenette in the Memory Care Unit:</p> <p>a. the ice machine had dirt and debris on the walls and the fan.</p> <p>b. the holder for the ice machine scoops was covered in lyme, dirt and debris.</p> <p>c. the washing sink, for dishes and hands, had drains which were covered with dirt and debris.</p> <p>d. the cabinets for the utensils, condiments, dishes and the trash receptacle had dirt and debris.</p> <p>e. the stove oven was dirty with grime and grease stains.</p> <p>f. the microwave had dirt and debris.</p> <p>3. The second floor kitchenette in the Memory Care Unit:</p> <p>a. the ice machine had dirt and debris on the walls and the fan.</p> <p>b. the holder for the ice machine scoops was covered in lyme, dirt and debris.</p> <p>c. the washing sink, for dishes and hands, had drains which were covered with dirt and debris.</p> <p>d. the cabinets for the utensils, condiments, dishes, pots and pans and the trash receptacle had dirt and debris.</p> <p>e. the stove oven was dirty with grime and grease stains and the top of the stove under plates for the burners were dirty with debris, rust and grime.</p> <p>f. the microwave had dirt and debris.</p> <p>g. the clean towel drawer was full of debris and dirt.</p> <p>h. no garbage can was located in the kitchen and staff had to exit the kitchen and throw the trash in the dining room where the trash receptacle was located.</p> <p>i. a warmer tray and two towel racks had dirt and debris.</p>				<p>2. First Floor Kitchenette Memory Care corrections were as follows:</p> <p>a. The ice machine was cleaned, and the ice machine was added to the cleaning schedule.</p> <p>b. The holder for the ice machine scoop was cleaned and added to the daily cleaning schedule.</p> <p>c. The drains on the washing sink was cleaned and added to the daily cleaning schedule.</p> <p>d. The cabinets for utensils, condiments, dishes and the trash receptacle have been cleaned, painted and added to the cleaning schedule.</p> <p>e. The stove oven has been cleaned and added to the cleaning schedule.</p> <p>f. The microwave has been cleaned and added to the daily cleaning schedule.</p> <p>3. Second Floor Kitchenette Memory Care corrections were as follows:</p> <p>a. The ice machine was cleaned, and the ice machine was added to the cleaning schedule.</p> <p>b. The holder for the ice machine scoop was cleaned and added to the daily cleaning schedule.</p> <p>c. The drains on the washing sink was cleaned and added to the daily cleaning schedule.</p> <p>d. The cabinets for utensils, condiments, dishes and the trash receptacle have been cleaned, painted and added to the cleaning</p>		

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	<p>j. the floor drain was not covered and the metal cover was found to be covered in lyme.</p> <p>j. the walls of the kitchen, the freezer and the refrigerator had dirt, grease and grime.</p> <p>During an interview, on 2/19/2020 at 11:15 a.m., Cook 3 indicated she and the dietary manager had tried many times to clean the ovens and stoves but the grease and grime would not come off the appliances.</p> <p>During and interview, on 2/19/2020 at 12:50 p.m., the Dietary Manager indicated she had tried to clean the stove and ovens in the kitchen but was unable to get them clean. She indicated she was not aware the kitchenettes were so dirty on the Memory Care Unit.</p> <p>A current facility policy, titled "Sanitation," dated 9/2011, received from the Executive Director 2/20/2020 at 12:08 p.m., indicated "...It is the policy of the Dining Services Department to instruct and monitor associates in work habits and conditions which are conducive to the maintenance of a clean and sanitary environment...."</p>				<p>schedule.</p> <p>e. The stove oven has been cleaned and added to the cleaning schedule.</p> <p>f. The microwave has been cleaned and added to the daily cleaning schedule.</p> <p>g. The clean towel drawer was cleaned and added to the cleaning schedule.</p> <p>h. The garbage can was replaced and added to the applicable cabinet in the kitchenette.</p> <p>i. The warmer tray and towel racks were cleaned and added to the cleaning schedule.</p> <p>j. The floor drain was covered with the applicable metal cover and the cover was cleaned before being reattached.</p> <p>k. The kitchenette walls, the freezer and the refrigerator have been cleaned and added to the cleaning schedule.</p> <p><u>Identification of other residents:</u> The Main kitchen and the kitchenettes on the Memory Care unit have been thoroughly cleaned above and beyond of those items identified above with associates spending the necessary time, even after hours to do deep cleaning, etc.</p> <p><u>Measures / systematic changes:</u> The various cleaning schedules have been reviewed and updated as applicable to cover the items indicated above as well as those items not addressed, but specific to our kitchen and kitchenettes.</p>		

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				<p>All dietary associates and those nursing associates that have responsibility in the kitchen or kitchenettes were in-serviced on the updated Cleaning Schedules.</p> <p><u>Corrective action monitoring:</u> The Dietary Services Director or designee will randomly audit at least six (6) times weekly, items on the Daily / Weekly Cleaning Schedule to verify compliance. Non-compliance will be addressed with the associate by doing a one-on-one in-service on the cleaning schedule guidelines and the associate will be subject to disciplinary action up to and including separation. After 4 weeks, the Dietary Services Director will conduct at least 4 audits weekly for the following 6 months.</p>			