

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/02/2022
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NAME OF PROVIDER OR SUPPLIER  APERION CARE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN 46902
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00370923, IN00371633 and IN00371731.</p> <p>Complaint IN00370923-Substantiated. Federal/State deficiencies related to the allegations are cited at F584</p> <p>Complaint IN00371633-Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00371731-Substantiated. Federal/State deficiencies related to the allegations are cited at F584</p> <p>Survey dates: February 1 and 2, 2022</p> <p>Facility number: 000025 Provider number: 155064 AIM number: 100274850</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicare: 25 Medicaid: 27 Other: 19 Total: 71</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on February 10, 2022.</p>	F 0000	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully requests a desk review.	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a</p>			

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	<p>temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents physical environment was kept clean and comfortable for 3 of 5 residents reviewed for their physical environment (Resident B, D and E).</p> <p>Finding includes:</p> <p>1. A Confidential interview was conducted during the course of the survey. The Confidential Interviewee indicated Resident B's bed linens had not been changed and his room had not been cleaned for three and one-half weeks, since he was admitted to the facility. After the three and one-half weeks, she went and found a housekeeper and asked for clean linens to change the resident's bed and a broom, dustpan and mop to clean the resident's floor. The Confidential Interviewee changed his bed linens and cleaned his floor that day. She did not know if those things were getting done, when she was away or did not visit.</p> <p>2. During a facility tour, with the Director of Nursing (DON) in attendance on 2/1/22 at 11:23 a.m., Resident D's room was observed to have potato chips and a white plastic spoon laying on his floor under his bed and rolling bedside table. His rolling bedside table was observed to have black areas of dried debris. The resident indicated his room did not get cleaned by the housekeepers every day and he was not able to indicate when his room had been cleaned last.</p> <p>When the resident was assisted to the bathroom,</p>	F 0584	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Due to the confidential nature of this survey the residents could not be identified.</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by this alleged deficient practice. All resident occupied rooms will be deep cleaned, linen changed, and paper towels checks and filled if needed.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Housekeeping staff will be inserviced on the daily cleaning schedule and cleaning procedures. Housekeeping staff will be assigned rooms at the being of each shift and document on the checklist rooms that are cleaned. Nursing will be inserviced on the linen changing</p>	03/04/2022			

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	<p>the blue cloth incontinence pad, on his bed, was observed to have a clear patch with a set of initials and the date 1/26/22, hand written in red on it. At that time, the DON picked the patch up off the blue cloth incontinence pad indicating the patch was a Nicotine patch (a medication patch used to assist people to stop smoking by delivering a consistent amount of Nicotine over a 24 hour period) and the date on the patch was 1/26/22, but she was unable to indicate whose initials were on the patch. The resident's room and bathroom floors were sticky. The resident's bathroom floor was stickier than his room floor (the surveyor's shoe sole stuck to the bathroom floor). The paper towel dispenser in the resident's bathroom was out. At that time, the DON indicated to the CNA's who assisted the resident to the bathroom, he needed his bed stripped and new bed linens placed on his bed and she asked the housekeeping manager to get a housekeeper to the resident's room to clean his room.</p> <p>3. During an interview, on 2/2/22 at 12:00 p.m., with the DON present, Resident E indicated her bed had not been changed, since she moved into that room. The DON indicated at that time, she was moved into that room on 1/24/22. The resident indicated her wound on her leg leaked fluid at night and the drainage was still on her bed sheets from where the bed had not been changed. At that time, the DON pulled her top bed linens down to the end of her bed. The fitted sheet at the foot of her bed was observed to have multiple light and dark gold colored circular shaped stains on it. The DON indicated, at that time, the resident's bed linens needed to be changed and asked a staff member to change the resident's bed linens.</p>		<p>policy. Aides will be assigned specific rooms and document on linen changes on shower days and PRN when soiled.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; The administrator or designee will audit 3 rooms 5 days a week for 4 weeks and then 5 rooms weekly ongoing <b>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</b></p>		

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	<p>A current facility policy, titled "Housekeeping Guidelines," undated and provided by the Nursing Consultant on 2/1/22 at 12:20 p.m., indicated "Purpose: To provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors...6. Housekeeping personnel shall adhere to daily cleaning assignments developed so to maintain the facility in a clean and orderly manner...."</p> <p>This Federal tag relates to Complaints IN00370923 and IN00371731.</p> <p>3.1-19(f)(5)</p>				