

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER KOKOMO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 429 W LINCOLN RD KOKOMO, IN 46902	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure their surveillance plan, committing to consistent staffing on each unit and staffing screening practices were being followed to prevent the spread of COVID-19. This deficient practice had the potential to affect 73 of 73 residents residing in the facility (QMA 1, RN 2, RN 4, Hospitality Aide 3, CNA 5, Kitchen Aide 6, Receptionist 7, Social Services 8, Laundry 9, CNA 10 and LPN 11). Findings Include: On 5/12/2020 at 4:43 p.m., while in the COVID-19 positive unit decontaminate room with the Assistant Director of Nursing (ADON) in attendance, the Employee Symptom Screen forms were present in the binder for the employees who worked the COVID-19 unit to have access to when they came into work each shift. The ADON (Assistant Director of Nursing) indicated when the staff came in, they took their temperature and wrote down if they were experiencing any of the symptoms the form asked about. There was a manager in the room to ensure the staff took their temperature, but the staff member took their own temperature. The ADON usually did the COVID-19 unit at the 6:00 a.m. and 2:00 p.m. change of shifts and other managers did the other employee entrance on the other side of the building at the same time. There was no manager available to do the 10:00 p.m. shift change all the time. She and the DON (Director of Nursing) frequently worked until 10:00 p.m., since the COVID-19 virus broke out, so they would do it when they were there. Otherwise, the staff members were supposed to take their sheet to the charge nurse if they had any symptoms on the list or a fever during the midnight or odd change of shift hours (such as; 3:00 a.m.). The facility was using a form titled COVID-19 Employee Symptom Screen to monitor the facility (all departmental wide employees) prior to them entering the facility to report to work. Before the staff member could clock into work they were to take their temperature and answer the questions on this form to screen them and to determine if they had symptoms of the COVID-19 virus. After reviewing the COVID-19 unit employee forms with the ADON, she indicated at this time, most of these staff members had these symptoms routinely and she and the DON had educated them multiple times if these were symptoms they experienced all the time, they did not need to mark them on the form. They only needed to mark the new symptoms they were experiencing. Some of the staff members were not understanding they did not have to mark the routine symptoms they had everyday such as; headaches because they have migraines, a cough because it is a smoker's cough, diarrhea because they have bowel issues due to irritable bowel syndrome and congestion or a runny nose because of allergies [REDACTED]. These symptoms should have already been dealt with because management was here while they were taking their temperatures or they took their form to the charge nurse. When asked why there was a form without a temperature in binders at both employee entrances, the ADON indicated the employees must have forgotten to write their temperatures down after they took them. Copies from the employee binder were requested. The following employees COVID-19 Employee Symptom Screen forms were reviewed at the COVID-19 employee entrance and were found to have a Yes marked in these symptom boxes. The following symptoms were the ones the employees could mark yes or no if they had: Fever/Chills, Body Aches, Sweating, Cough--Dry/with Phlegm, Runny nose, Congestion, Headache, Loss of Appetite, Fatigue, and Sore Throat. 1. The following employees who worked the COVID-19 positive unit marked the Yes box with a check mark or an X in response to the following symptoms on their COVID-19 Employee Symptom Screen and some staff members failed to document their temperatures prior to starting their shift. a. QMA 1--On 5/7/2020 marked cough--dry/with phylum and headache. b. RN 2--On 5/7/2020 marked cough--dry/with phylum and headache. On 5/10/2020 marked cough--dry/with phylum and fatigue. c. RN 4--On 5/7/2020 marked chills, body aches, cough--dry with phylum, congestion, headache and fatigue. She did not document her temperature on this date. On 5/11/2020 marked chills, body aches, cough--dry with phylum, congestion, fatigue. d. Hospitality Aide 3--On 5/9/2020 marked runny nose and congestion. On 5/11/2020 marked runny nose and congestion. On 5/12/2020 at 4:53 p.m., while in the South end unit employee entrance decontaminate room with the ADON in attendance, the Employee Symptom Screen forms, which were present in the binder for the employees who worked the NON-COVID units to have access to when they came into work each shift. She indicated the process was the same on this side as the other side except they only had to wear a mask on this side because they were not caring for known COVID-19 residents. The COVID-19 employee screening binder was reviewed and forms in this binder were found to be marked with symptoms as well. Copies were requested. While the ADON went out to make copies, CNA 5 was observed coming into the NON-COVID-19 decontaminate room indicating she had forgotten to write down her temperature when she came to work at 2:00 p.m., then she picked up the thermometer off the table and took her temperature. She looked for her employee screening form in the binder. She was informed the ADON was making copies of some of the forms out of the binder. She indicated she hoped it was not her's because she forgot to do her temperature when she came into work and she just now remembered. When asked about checking yes to the symptoms of headache and loss of appetite, she indicated she had not felt good this past weekend. She indicated there was not usually a member of management in the room when they took their temperatures. She did not report her symptoms to management or her charge nurse today because she thought maybe she was not feeling good because she was about to start her monthly cycle. The DON came in the room at this time, indicating the staff members were supposed to take their own temperatures and fill out their forms. If they had any symptoms and her or the ADON were in the building, then the staff member were to come to them prior to reporting to work and if not then they were to report to the charge nurse on the unit. The charge nurse was to look over the form and immediately call her or the ADON, whichever was on call. They have educated the staff several times about marking yes to routine symptoms they have from allergies [REDACTED]. She and the ADON would re-educate them again. The SDC picked those forms up daily and tracked those symptoms and upper management followed up with each employee who marked yes to make sure they were having routine symptoms and not symptoms of COVID-19. She was not aware of all the staff members with the yes symptoms marked from today 5/12/2020 because the staff did not notify the ADON or herself. She indicated the form they were using was not very explanatory about not marking routine symptoms and did not have the ADON's or her cell phone number on it. She was going to fix this on the form. 2. The following employees who worked the NON-COVID-19 positive unit marked Yes box with a check mark or an X in response to the following symptoms on their COVID-19 Employee Symptom Screen and some staff members failed to document their temperatures prior to starting their shift. a. CNA 5--On 5/12/2020 marked headache, loss of appetite and failed to document her temperature for this date. b. QMA 1--On 5/12/2020 marked cough--dry or productive and headache (she also had previously marked these same symptoms on 5/7/2020 when she worked the COVID-19 unit). c. Hospitality Aide 3--On 5/12/2020 marked runny nose, congestion, headache and fatigue (she also had previously marked these same symptoms on 5/9/2020 and 5/11/2020, when she worked on the COVID-19 unit). d. Kitchen Aide 6--On 5/12/2020 marked cough--dry or productive, congestion and headache. e. Receptionist 7--On 5/12/2020 marked shortness of breath and headache. f. Social Services 8--On 5/12/2020 marked body aches and fatigue. g. Laundry staff member 9--On 5/12/2020 marked headache. h. CNA 10--On 5/12/2020 marked cough--dry or productive. i. LPN 11--On 5/12/2020 marked cough--dry or productive and diarrhea. j. An unidentified signature employee--On 5/12/2020 marked body aches, diarrhea, nausea and fatigue. A document, titled STAFF, dated 5/11/2020, provided by the Executive Director on 5/12/2020 at 5:30 p.m., indicated Hello today is Monday, May 11, 2020. We have confirmed that we have 24 new residents and 0 new employees who have tested positive for COVID-19. That brings our current total to 36 residents and 1 employees who have tested positive at (Name</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 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) of Facility) . (Signed by the Executive Director) The Executive Director indicated she posted this document for the staff in the decontaminate rooms weekly to update them on the progression of the COVID-19 virus in the facility. The facility was not doing facility staff member testing. The staff were to take their temperatures and fill out the screening form, then if they had any symptoms they were to report to their charge nurse if on a shift when the DON or ADON was not here and to the DON or ADON during those hours they were here for an assessment to be completed to see if they needed to go home. A policy, titled Nursing Facility COVID-19 Plan, dated 5/8/20, provided by the DON on 5/12/2020 at 5:30 p.m., indicated Preparation and Prevention No cases currently identified. Each facility's IP (Infection Preventionist) will have the responsibility for ensuring proper isolation and other procedures are followed. Validate IP is utilizing current (Name of Company) processes .Have only one entrance and exit site at the facility .All visitors, vendors and staff will have their temperatures checked once they enter the facility. If a fever is identified (100 or higher), that person will be asked to return home. All visitors, vendors and staff will be asked if they have any signs and symptoms that are associated with COVID-19 such as; fever/chills, shortness of breath, body aches, cough, diarrhea, nausea/vomiting, congestion, headache, loss of appetite, fatigue and sore throat .The facility should commit to consistent staffing to limit cross contamination . Beginning 3/14/2020: Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and work with the agency, regional and divisional group to attempt to locate that person to only 1 facility, if possible .Identification and response to potential COVID-19 infection (PUI-Person Under Investigation) .Risk factors: Signs and Symptoms of COVID-19 may include but not limited to: a. Fever b. Symptoms of lower respiratory illness (e.g., cough, shortness of breath) c. Nausea, vomiting, diarrhea can also occur with respiratory symptoms. So staff should not decide someone does not have Coronavirus based on the presence of those symptoms d. Difficulty breathing, e. Persistent pain or pressure in the chest f. New confusion or inability to arouse g. Bluish lips or face h. Close contact with a person who is under investigation for 2019-nCoV while that person was ill. Begin documentation of infections line listing of staff and residents as illness is identified. For suspected cases of 2019-nCoV, health care providers of any individual having knowledge, should immediately notify both infection control personnel at their health care facility and their local health department. Notification to the State Health Department will be determined by the state regulations . A policy, titled COVID Tracking and Cohorting, undated, provided by the DON on 5/12/2020 at 5:30 p.m., indicated .I. Surveillance Employee: a. The facility will have a dedicated entrance for all staff, visitors and vendors. Only 1 entrance should be identified. b. The facility should identify who is responsible to check staff, visitors and vendors for illness. c. All staff, visitors and vendors will wash their hands/hand sanitizer, have their temperature checked and an illness screening completed prior to entering any part of the facility .Any signs of illness will prohibit entrance into the facility. Employee illnesses will be logged on the COVID employee line listing and tracked per protocol .Consideration for COVID-19 Dedicated Area Major Signs and Symptoms: Fever greater to or equal to 99.6 Cough Shortness of breath or decrease in baseline pulse ox (oxygen) by 3% or more Minor Signs and Symptoms: Confusion or change in mental status. If noted, check pulse oximetry to determine if increased oxygen requirements. Headache Muscle aches Sore throat, runny nose Congestion Diarrhea, nausea and vomiting Weakness, increased care needs or increased fatigue Loss of appetite Consider COVID-19 area if resident has any two of the major signs and symptoms or if a resident has one major sign and symptom with at least 2 or more minor symptoms . III. COVID Designated Area . b. Process on COVID designated area The COVID designated area should utilize dedicated staff that are not used in other parts of the facility Upon arrival for their shift, all staff will wash their hands, change out of their street clothes and put on scrubs once entering the COVID designated area .Dirty linens will be red-bagged This Federal tag relates to Complaint IN 320. This Federal tag relates to Complaint IN 430. 3.1-18(b)(6) 3.1-18(k)</p>		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a legal representative the facility had COVID-19 positive residents present in the facility for 1 of 3 residents reviewed for COVID-19 positive notification (Resident B). Finding includes: On 5/12/2020 at 4:20 p.m., during the Entrance Conference, the Executive Director (ED) indicated the resident's who were responsible for themselves and the legal representatives of the other resident's were notified daily regarding their COVID-19 status at the facility as required by a Robocall system before she left at 5:00 p.m. The facility started the Robocall system on May 4 2020, when they notified everyone of their firsts COVID-19 positive residents. During an interview, with Resident B's family member on 5/15/2020 at 10:10 a.m., she indicated she was not notified the facility initially had COVID-19 positive residents. She was Resident B's POA (Power Of Attorney) and her number was the first number the facility was to contact for any changes. The last concern she was notified about was in February and was about a missing blanket. She found out the facility had COVID-19 positive residents on Social Media. She went to the facility and was going to talk to the ED and as she was sitting in the parking lot waiting to go into the facility, she observed the Strike Team (The Indiana Department of Health team who entered the facility to test residents for COVID-19 virus). She spoke to the ED later in the evening and told the ED she wanted her loved one tested for [MEDICAL CONDITION] because of the proximity of her room to the unit the COVID-19 virus was discovered on. Two days later the Director of Nursing called her and told her the test results for COVID-19 were positive. During an interview, on 5/15/2020 at 4:45 p.m., the ED indicated the first calls to legal representatives and residents were made on 5/4/2020 and everyone was called by the Robocall system. She looked into the computer system at the Robocall log for 5/4/2020 and indicated Resident B's legal representative was not called by the Robocall system, for the first initial call, but she was called on 5/5/2020. She did not know why she was not notified on 5/4/2020. She added her to the list on 5/5/2020, after she discussed her concerns with her. This Federal tag relates to Complaint IN 320. This Federal tag relates to Complaint IN 430.</p>		