

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2905 W SYCAMORE ST KOKOMO, IN 46901	
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)		
<p>F 0677</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 residents were treated with dignity and respect while being provided perineal care and staff provided thorough incontinence care for 2 of 3 residents reviewed for activities of daily living. (Residents K and L). Findings include: 1. On 7/14/2020 at 4:48 a.m., CNA 3 was observed providing incontinent care for Resident L. The resident required a complete bed change due to she had refused to be changed at the two o'clock bed check. The entire time CNA 3 was observed providing Resident L's incontinence care, CNA 3 left her exposed from the waist down. The resident attempted to cover herself with her gown while CNA 3 was changing her bed linens and washing her bottom, but she was unable to completely cover her private area. During an interview, on 7/14/2020 at 5:40 a.m., CNA 3 indicated she should have tried to cover Resident L up while providing incontinent care and changing her brief. She had tried in the past to cover the resident up, but the resident usually kicked the sheet or blanket off onto the floor. So CNA 3, did not usually place anything over her anymore. She indicated she should have at least tried to cover her up and not assumed the resident would kick the blanket or sheet off every time she was given care. The record for Resident L was reviewed on 7/17/2020 at 4:35 p.m. [DIAGNOSES REDACTED]. 2. On 7/14/2020 at 5:03 a.m., CNA 4 was observed going into Resident K's room to check her for incontinence. CNA 4 was observed removing the resident's moderately saturated brief, then she placed a new brief on Resident K without providing incontinence care for her. The entire time CNA 4 was changing Resident K's brief, she left her exposed from the waist down. During an interview, on 7/14/2020 at 6:16 a.m., CNA 4 indicated she should have provided incontinent care for Resident K prior to placing a new brief on her. She was so nervous being observed checking the resident for incontinence, she forgot to provide incontinence care for her. She indicated she should have covered Resident K up below her waist while changing her brief. The record for Resident K was reviewed on 7/17/2020 at 4:20 p.m. [DIAGNOSES REDACTED]. A care plan for Resident K, dated 7/10/17, addressed the problem she was at risk for altered skin integrity, which included, but was not limited to, incontinence of bowel and bladder. The interventions included, but were not limited to, 7/10/17 with a revision date of 12/11/18, provide thorough skin care after incontinent episodes and apply barrier cream as needed. A care plan, dated 3/16/2020, addressed the problem the resident could potentially or actually have a Urinary Tract Infection due to recurrent Urinary Tract Infections. The interventions included, but were not limited to, 3/16/2020, assist with toileting or incontinence care as needed. A current policy, titled Perineal/Incontinence Care dated 8/8/2016, with a last review date of 3/8/2019, provided by the Director of Nursing (DON) on 7/17/2020 at 4:30 p.m., indicated .Procedure Purpose: to keep skin clean, dry, free of irritation and odor. To identify skin problems as soon as possible so treatment can be started. To prevent skin breakdown. To prevent infection .Procedure: 2. Drape resident for privacy .6. Wash all soiled skin areas, washing from front to back, rinse and dry well, especially between skin folds A current policy, titled Resident Rights dated 8/23/2019, with a last review date of 5/3/2020, provided by the Executive Director (ED) on 7/14/2020 at 9:00 a.m., indicated Resident Rights: The Resident has a right to dignified existence, self-determination, and communication with, and access to, persons and services inside and outside the Facility, including: A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident .Respect and Dignity: The resident has a right to be treated with respect and dignity, including: The right to reside and receive services in the facility with reasonable accommodation of residents needs and preferences except when to do so would endanger the health or safety of the resident or other residents .Privacy and Confidentiality: The resident has a right to personal privacy and confidentiality .Personal privacy includes .personal care This Federal tag relates to Complaints IN 288, IN 418, IN 925, IN 917, IN 416 and IN 679. 3.1-38(a)(2)(C)</p>		
<p>F 0842</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure the documentation for a Notice of Medicare Non-Coverage and documentation of a Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage letters were accurately documented to allow a resident being removed from skilled services to file an appeal if he did not agree with being removed from those services for 1 of 3 resident records reviewed for accurate documentation (Resident J). Finding includes: During an interview, on 7/16/2020 at 4:36 p.m., Resident J indicated the SSD (Social Service Director) spoke with him earlier and told him he needed to sign a paper because his medical reimbursement was running out tomorrow on 7/17/20. During an interview, on 7/17/2020 at 3:53 p.m., the Social Services Director (SSD) indicated the notices for non-coverage were supposed to be given within 48 hours before the expiration of the covered services. The SSD indicated he provided Resident J with the Notice of Medicare Non-Coverage letter on the evening of 7/16/2020 and told the resident his Medicare skilled care services was ending on 7/17/2020. He knew he was informing Resident J late, so he talked to the MDS (Minimum Data Set) Coordinator, who told him to date the form for two days ahead (7/18/2020) to show they were in compliance, instead of the actual date his services were ending on 7/17/2020. She told him to do this a couple other times, when he gave the Non-coverage letter late, but he could not remember those resident's names. He indicated when (Name of auditing company) came into the facility to audit for compliance, if they picked Resident J's record, the facility would owe a day of coverage back to them if Resident J's or those other resident's records were pulled because the date was incorrect on the Non-coverage letter. When the SSD was asked why he dated the payment explanation as 7/19/2020, on the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage, the SSD indicated because he dated the Non-coverage letter as 7/18/2020, as the date the residents Medicare was ending and Medicaid will pick up the next day. A current document, titled Notice of Medicare Non-Coverage, provided by the SSD on 7/17/2020 at 5:25 p.m., indicated Resident J's skilled services were to end on 7/18/2020. The form was signed by the resident on 7/16/2020. A current document titled Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage, provided by the SSD on 7/17/2020 at 5:25 p.m., indicated Resident J signed this form on 7/16/2020, indicating on 7/19/2020, he might have to pay privately for skilled care services because he met the maximal potential on his Medicare. During an interview, on 7/17/2020 at 5:35 p.m., with the MDS Coordinator and the Executive Director in attendance. The MDS Coordinator indicated the Non-Coverage letter for Resident J could have been dated 7/18/2020, because his skilled services were not ending until 7/18/2020. When asked what skilled services he was to receive until 7/18/2020, the MDS Coordinator indicated the nurses would have been able to monitor him for transfers and document his progress in his record or the nurses would have been able to monitor and document in his record on his</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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<p>F 0842</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>dressing changes if he had any. She indicated his therapy had ended on 7/17/2020 as a skilled service. When a policy and procedure or documentation was requested to indicated the nurses were able to monitor the resident for transfers or dressing changes and document in the residents record regarding these skilled services until 7/18/2020, the MDS Coordinator indicated she was unable to provide the information. The Notice of Medicare Non-Coverage letter was all the documentation with the appropriate date on it, to indicate the last date of his covered services. This Federal tag relates to Complaints IN 382. 3.1-50(a)(2)</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure their employees followed the current facility policy and procedure for donning PPE (Personal Protective Equipment). This deficient practice had the potential to affect 95 of 95 residents residing in the facility. Findings include: 1. On 7/14/2020 at 4:46 a.m., LPN 5 was observed halfway down the North end of the 200 hallway without a mask covering her face. When asked if she had a mask to wear, she indicated she did have a mask to wear, but she had left it on the other hallway on the medication cart and she would go get it. 2. On 7/14/2020 at 4:48 a.m., CNA 3 was observed wearing a decorated cloth face mask over her nose and mouth, while providing incontinent care for Resident L. During an interview, on 7/14/2020 at 6:06 a.m., CNA 3 indicated she wore a decorated cloth face mask while providing care. 3. On 7/14/2020 at 5:03 a.m., CNA 4 was observed wearing a decorated cloth face mask over her nose and mouth, while changing Resident K's brief. During an interview, on 7/14/2020 at 6:16 a.m., CNA 4 indicated a lot of the facility staff wore the decorated cloth face masks. No one told them they were not allowed to wear them. 4. On 7/14/2020 at 6:34 a.m., CNA 7 was observed wearing a decorated cloth face mask while working on the Memory care unit. She indicated no one told her she was not supposed to wear her decorated face masks. 5. On 7/14/2020 at 6:36 a.m., LPN 9 was observed wearing a decorated cloth face mask, while working on the Memory Care unit. She indicated she was not told by anyone she could not wear the cloth face masks. The ED (Executive Director) and DON (Director of Nursing) knew they all were wearing the decorated cloth face masks. 6. On 7/14/2020 at 6:43 a.m., the Dietary Manager was observed wearing a decorated cloth face mask over her nose and mouth, while pushing a food cart through the Memory Care unit entrance coded door. She indicated she wore the mask everyday in the kitchen as her facemask. She took it home and washed it every night. No management personnel had told her she was not allowed to wear this type of face mask. 7. On 7/14/2020 at 6:44 a.m., Laundry staff member 12 was observed wearing a decorated face mask over her nose and mouth, while she was pushing a laundry barrel down the hallway to the laundry room. She indicated she wore this face mask daily while at work and no one had told her she was not allowed to wear it. During an interview, on 7/14/2020 at 6:50 a.m., the ED and DON were both in attendance. The ED and DON both were informed of the concern of the staff wearing the decorated face masks instead of the masks the CDC recommended to stop the spread of disease. The ED indicated he was not aware the staff members were not able to wear decorated cloth face masks. The DON also indicated she was not aware the staff members were not allowed to wear the decorated cloth face masks in the facility. A current policy, titled CMS (Centers for Medicare & Medicaid Services) Center for Clinical Standards and Quality/Quality, Safety, and Oversight Group dated February 6, 2020, provided by the DON on 7/17/2020 at 4:30 p.m., indicated .To ensure health and safety, CMS also expects healthcare staff and surveyors (contractors, Federal State, and Local) to comply with basic infection control practices .In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators and eye protection. CMS regularly observes these infection control practices as part of the normal survey process and notes that applying the basic principles of hand hygiene and using appropriate PPE protects lives. Medicare participating healthcare facilities should also have PPE measures and protocols within their emergency plans, especially in the event of potential surge situations. This Federal tag relates to Complaints IN 917. 3.1-18(a)</p>		