STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FIVE STAR RESIDENCES OF NORTHWOODS	2501 FRIENDSHIP BLVD KOKOMO, IN 46901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey Survey dates: July 2 and 3, 2024. Facility number: 014019 Residential Census: 63 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on July 12, 2024.	R 0000	This plan of Correction constitutes Five Star Residences of North Woods written allegation of compliance for the alleged deficiencies cited. 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 requirements established by state and federal law. The facility respectfully requests that paper compliance/desk review be granted.	
R 0121 Bldg. 00	410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Douglas Hurlbut	Executive Director	07/26/2024

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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	months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.			
	Based on interview and record review, the facility failed to administer a first and second step tuberculosis (TB) test to a new employee for 1 of 5 employees reviewed for TB. (QMA 4) Finding includes: The employee file for QMA 4 was reviewed on 7/3/24 at 10:00 a.m. The employee file had no 1st or 2nd step TB testing documented. During an interview, on 7/3/24 at 11:00a.m., the Director of Nursing (DON) indicated the employee did not have a first and second step TB test completed. A current policy, titled "Tuberculosis Control	R 0121	1. No residents were affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. The facility shall administer the first and second steps of the TB screenings QMA 4 as well as any new hires moving forward. 3. The facility shall administer the first and second steps of the TB screenings for all new hires. These tests will be documented and retained in employee files. The new hire will not have resident contact until after the reading of the first step of the TB screening process. The new hire will be given a date in which the second step	08/02/2024

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	Plan," dated 8/2/23 and received from the Executive Director on 7/3/24 at 1:30 p.m., indicated "...in order to establish a reliable baseline, a TB skin test (also known as a Mantoux test) is performed on all new team members and volunteers with resident contact...administer a two-step PPD to those with documented evidence of having had a negative TB skin test result in the past 12 months...two step testing reduces the likelihood that a boosted reaction will be misinterpreted as a new infection...if the reaction to the first test is negative :give a second test 1-3 weeks later...if the second test results remain below the cutting point for a positive, consider the result to be negative...if the reaction to second test is positive, it probably represents a boosted reaction...as a result classify this person as being previously infected and manage this person accordingly ...."		must be administered and read by an authorized healthcare provider. If the new hire fails to obtain second step on date given, then he/she will be removed from the schedule until the second step is completed. 4. New hire TB tests will be reviewed monthly by the ED or designee to ensure facility staff are in compliance with health screening and TB tests requirements.	
R 0216 Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, interview and record review, the facility failed to ensure a resident without a self-administration of medication	R 0216	1. Resident 39 was affected by the deficient practice. The meds in question were placed in the	08/02/2024

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	assessment was not in possession of medications for 1 of 2 residents reviewed for medication storage. (Resident 39) Finding includes: During an interview and observation, on 7/2/24 at 2:45 p.m., Resident 39 had a bottle of atorvastatin (medication for high cholesterol), probiotic gummies, and a nasal spray on his table. The resident indicated he received his medications in the mail. During an observation, on 7/3/24 at 9:15 a.m., the resident was not in his room and his door was unlocked. The bottles of medications were still on the table. The clinical record for Resident 39 was reviewed on 7/3/24 at 10:30 a.m. The diagnoses included, but were not limited to hypertension, hyperlipidemia (high cholesterol), coronary artery disease, and vitamin D deficiency. A service plan, initiated on 10/11/20 and last revised on 5/17/21, indicated the resident needed staff assistance for medication administration. The resident requested staff administer his medications. During an interview, on 7/3/24 at 10:10 a.m., the DON (Director of Nursing) indicated the medications were not stored properly. Resident 39 did not have a self-administration of medication assessment and the facility was to give him his medications. During an interview, on 7/3/24 at 10:36 a.m., Clinical Support 2 indicated the medications were not stored properly.		medication cart and doctor orders were verified or obtained. Resident 39 educated that medications must be given to nursing staff when obtained 2. All residents have the potential to be affected by the deficient practice. The facility shall audit all residents to ensure those residents whose medications are managed know they are not to keep any medications in their room and that those residents who manage their own medications keep them secured in a locked location. All residents rooms were reviewed on 7/29/2024 to ensure no medications were in residents room. 3. Letter sent to all residents/responsible parties on 7/28/2024 sharing all medications brought into the community must be reviewed by the health and wellness nurses. The health and wellness nurse will verify the medication and add it to the Medication Administration Record and place the medication in the medication cart. If the resident self administers his/her own medication, a MD order will be obtained, and must be able to pass a self administer assessment to be deemed capable of having the medications in their apartment and capable of taking them as directed. The medications will be kept in a secured area of the apartment and	

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	During an interview, on 7/3/24 at 1:02 p.m., LPN 3 indicated she was not sure where the probiotic came from. The resident must have gotten the nasal spray on his own. His nasal spray order was discontinued previously. A current policy, titled "Medication Management Guidelines," dated 4/1/19 and received from Clinical Support 2 on 7/3/24 at 10:54 a.m., indicated "...An initial "Self-Administration of Medication Assessment" is completed for all residents with documented physician...Over the Counter Medications...It will be stored as a prescription medication. 3. Storage of self-administration medications will comply with state regulations. All bedside medications will be maintained in a secure location in the resident's apartment...G. Medication Storage...Medications for residents receiving Medication Supervision/Assistance and/or Medication Administration are stored in an appropriately lighted, locked storage area accessible to authorized personnel only...."		when not in the apartment the door must be locked and medications may not be left sitting out in the apartment. One on one conversations with the residents will occur when self administer assessment is completed and with each self administer reassessment. 4. The care services staff were educated on 7/29/2024 to notify the health and wellness nurse if any medications are seen in any residents room and are not in a secured area. This is an ongoing practice.	
R 0410 Bldg. 00	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks			

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	after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on interview and record review, the facility failed to complete a first and second step tuberculosis (TB) test for 1 of 5 residents reviewed for tuberculosis testing. (Resident 63) Finding includes: The clinical record for Resident 63 was reviewed on 7/3/24. The diagnoses included, but were not limited to, essential hypertension. There was no documentation in the electronic record or chart record to indicate a first and second step TB was administered on admission. During an interview, on 7/3/24 at 3:30 p.m., the Director of Nursing indicated she was unable to locate the first and second step tuberculosis test in the resident's chart. A current policy, titled "Tuberculosis Control Plan," dated 8/2/23 and received from the Executive Director 7/3/24 at 1:30 p.m., indicated "...in order to establish a reliable baseline...administer a two-step PPD to those with documented evidence of having had a negative TB skin test result in the past 12 months...two step testing reduces the likelihood that a boosted reaction will be misinterpreted as a new infection...if the reaction to the first test is negative: give a second test 1-3 weeks later...if the second test results remain below the cutting point	R 0410	1. Resident 63 was affected by the deficient practice. Resident 63 will have a first and second step TB test completed with results documented in medical record. 2. All residents have potential to be affected by the deficient practice. All new residents will have a TB test completed up to three months prior to admission or upon admission with results documented in medical record. 3. The facility will ensure first and second step TB tests are completed for all new residents upon admission. Director of Resident Care will review all new residents TB test results prior to admission to facility to ensure a valid test has been completed. If second step needs to be given after admission, the Director of Resident Care will place this on the Medication Administration Record for date for it to be given and read. Documentation will be completed in the residents medical record. 4. New resident TB tests will be reviewed monthly by the ED or designee to ensure facility is in compliance with TB tests	08/02/2024

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	for a positive, consider the result to be negative...if the reaction to second test is positive, it probably represents a boosted reaction...as a result classify this person as being previously infected and manage this person accordingly...."		requirements.	