

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Wellbrooke of Kokomo		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 South Dixon Road 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>49891</p> <p>Based on observation, interview and record review, the facility failed to ensure oxygen was administered at the correct physician ordered flow rate for 2 of 4 residents reviewed for respiratory care. (Resident 34 and 37)</p> <p>Findings include:</p> <p>1. During an observation, on 3/11/25 at 3:49 p.m., the resident was sitting in his room with oxygen administered at 3 liters per minute (L) via nasal cannula.</p> <p>During an observation, on 3/12/25 at 3:22 p.m., the resident was resting in his bed with oxygen administered at 3 L via nasal cannula.</p> <p>The clinical record for Resident 34 was reviewed on 3/13/25 at 9:17 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease with acute exacerbation, acute respiratory failure with hypoxia, acute respiratory infection, and respiratory syncytial virus.</p> <p>A physician's order, dated 2/1/25, indicated to administer oxygen at 2 L per nasal cannula continuously.</p> <p>During an interview, on 3/13/25 at 8:05 a.m., the Director of Nursing (DON) indicated the staff were supposed to verify how much oxygen the resident was on with the physician's order.</p> <p>2. During an observation, on 3/11/25 at 12:06 p.m., the resident was lying in bed with 3 L of oxygen administered via nasal cannula.</p> <p>During an observation, on 3/12/25 at 3:33 p.m., the resident was lying in bed with 3 L of oxygen administered via nasal cannula.</p> <p>The clinical record for Resident 37 was reviewed on 3/12/25 at 3:42 p.m. The diagnoses included, but were not limited to, hypertensive heart disease with heart failure, acute on chronic diastolic congestive heart failure, chronic respiratory failure with hypoxia, emphysema, pulmonary fibrosis, and shortness of breath.</p> <p>A physician's order, dated 9/19/24, indicated to administer oxygen at 2 L per nasal cannula continuously.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155819
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 3/13/25 at 10:28 a.m., LPN 1 indicated oxygen should be administered according to the physician's order.</p> <p>A current facility policy, titled Administration of Oxygen, dated 12/13/24 and received from the Clinical Support Nurse on 3/14/25 at 9:40 a.m., indicated .Verify physician's order .Adjust the oxygen delivery device so that .the proper flow of oxygen is administered</p> <p>3.1-47(a)(6)</p>		