STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155819	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of Kokomo	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure active diagnoses were included on a Minimum Data Set (MDS) assessment for 1 of 1 resident reviewed for MDS assessments. (Resident 4)Findings include:The clinical record for Resident 4 was reviewed on 2/17/26 at 1:42 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the breast, malignant neoplasm of the ovary, and metastatic brain cancer. The MDS assessment, dated 1/23/26, did not include cancer diagnoses.During an interview, on 2/19/26 at 2:49 p.m., the Clinical Support Nurse indicated the MDS assessment should have included the cancer diagnoses, and a care plan should have been in place. The facility did not have a policy for MDS accuracy. The facility followed the Resident Assessment Instrument (RAI) manual.During an interview, on 2/20/26 at 10:24 a.m., RN 12 indicated the cancer diagnoses were not included on the MDS assessment dated [DATE].3.1-31(c)(1)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to ensure comprehensive person-centered care plans were developed and implemented for 1 of 1 resident reviewed for care plans. (Resident 4)Findings include:The clinical record for Resident 4 was reviewed on 2/17/26 at 1:42 p.m. The diagnoses included, but were not limited to, congestive heart failure, type 2 diabetes mellitus, and metastatic brain cancer.A physician's order, dated 1/18/26, indicated to administer furosemide (a diuretic medication) 40 milligrams (mg) twice a day.A physician's order, dated 1/23/26, indicated to administer quetiapine (an antipsychotic medication) 25 mg once a day for brain metastasis.A physician's order, dated 2/7/26, indicated to administer insulin lispro (a diabetic medication) according to the sliding scale before meals and at bedtime. The clinical record did not contain a care plan related to congestive heart failure and the use of diuretic medication, type 2 diabetes mellitus and the use of diabetic medication, or metastatic brain cancer and the use of antipsychotic medication.During an interview, on 2/19/26 at 9:58 a.m., Licensed Practical Nurse 8 indicated the resident should have had care plans in place for congestive heart failure, type 2 diabetes mellitus, and metastatic brain cancer.During an interview, on 2/19/26 at 2:49 p.m., the Clinical Support Nurse indicated the resident should have had care plans in place for congestive heart failure, type 2 diabetes mellitus, and metastatic brain cancer.During an interview, on 2/20/26 at 10:21 a.m., RN 12 indicated the resident should have had care plans in place for congestive heart failure, type 2 diabetes mellitus, and metastatic brain cancer.A current facility policy, titled Comprehensive Care Plan Guidelines, dated 5/22/18 and received from the Clinical Support Nurse on 2/19/26 at 2:40 p.m., indicated .to ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines .A comprehensive care plan will be developed within 7 days of the admission comprehensive assessment.Comprehensive care plans need to remain accurate and current 3.1-35(a)3.1-35(b)(1)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to ensure a physician's order was followed according to the prescribed parameters and an Abnormal Involuntary Movement Scale (AIMS) assessment was completed for 3 of 7 residents reviewed for quality of care. (Resident 1, 37 and 4)Findings Include:1. The clinical record for Resident 1 was reviewed on 2/17/26 at 9:46 a.m. The diagnoses included, but were not limited to, sepsis, cardiomyopathies, combined systolic (congestive) and diastolic (congestive) heart failure, and hypertensive heart disease with heart failure.A care plan, dated 1/6/26, indicated Resident 1 had an impairment in functional status related to hypertension and cardiomyopathy. Interventions included, but were not limited to, administer medications as ordered.A physician's order, dated 2/12/26, indicated to administer hydralazine (a blood pressure medication) 100 milligrams (mg) three (3) times a day and to hold the medication if the systolic blood pressure was less than 140.The Medication Administration Record (MAR), dated 2/1/26 through 2/18/26, indicated hydralazine was administered when the systolic blood pressure was less than 140 on the following dates:a. On 2/12/26, the morning dose when the systolic blood pressure was 133.b. On 2/14/26, the morning dose when the systolic blood pressure was 121, the afternoon dose when the systolic blood pressure was 121, and the evening dose when the systolic blood pressure was 128.c. On 2/15/26, the morning dose when the systolic blood pressure was 131.d. On 2/16/26, the morning dose when the systolic blood pressure was 114 and the afternoon dose when the systolic blood pressure was 138.e. On 2/17/26, the evening dose when the systolic blood pressure was 111.f. On 2/18/26, the evening dose when the systolic blood pressure was 118.2. The clinical record for Resident 37 was reviewed on 2/17/26 at 9:55 a.m. The diagnoses included, but were not limited to, paroxysmal atrial fibrillation, chronic obstructive pulmonary disease, chronic diastolic (congestive) heart failure, and hypertensive heart and chronic kidney disease with heart failure.A care plan, dated 2/16/26, indicated Resident 37 had the potential for cardiovascular distress. Interventions included, but were not limited to, administer medications as ordered.A physician's order, dated 2/4/26, indicated to administer metoprolol succinate (a blood pressure medication) 25 mg at bedtime and to hold the medication if the systolic blood pressure was less than 110.The MAR, dated 2/1/26 through 2/19/26, indicated metoprolol was administered when the systolic blood pressure was less than 110 on the following dates:a. On 2/11/26, with a systolic blood pressure of 107.b. On 2/15/26, with a systolic blood pressure of 106.c. On 2/18/26, with a systolic blood pressure of 108.During an interview, on 2/18/26 at 3:14 p.m., the Director of Nursing (DON) indicated medications should not be administered outside of the ordered parameters.During an interview, on 2/19/26 at 11:20 a.m., Qualified Medication Aide (QMA) 9 indicated when a resident's blood pressure was outside of the parameters she would hold the medication. If a medication was held, it would show on the MAR with parenthesis around the initials of whoever held the medication and a reason for why it was held.During an interview, on 2/20/26 at 10:13 a.m., the Clinical Support Nurse indicated the facility did not have a policy specifically about medication parameters.3. The clinical record for Resident 4 was reviewed on 2/17/26 at 1:42 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the breast, malignant neoplasm of the ovary, and metastatic brain cancer. A physician's order, dated 1/23/26, indicated to administer quetiapine (antipsychotic medication) 25 milligrams (mg) once a day for brain metastasis. An Abnormal Involuntary Movement Scale (AIMS) assessment was not located in the clinical record.During an interview, on 2/18/26 at 12:18 p.m., the Clinical Support Nurse indicated an AIMS assessment had not been completed and should have been completed.During an interview, on 2/19/26 at 10:20 a.m., LPN 7 indicated a resident on a psychotic medication should have an AIMS assessment completed upon admission and quarterly. A current facility policy, titled Guidelines for: Abnormal Involuntary Movement Scale, dated as last reviewed on 12/10/25 and received from the Clinical Support Nurse on 2/18/26 at 1:10 p.m., indicated .To assess residents that have prescribed antipsychotic medications to identify symptoms .to be completed if (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	possible, prior to the resident beginning this type of medication, or at the earliest possible time, either after admission; after medications listed above are prescribed; and with dosage changes A current facility policy, titled Preparation and General Guidelines and Medication Administration-General Guidelines, dated January 2018 and provided by the Director of Nursing on 2/16/26 at 12:44 p.m., indicated .The medication administration record (MAR) should contain supplemental information to help assure accurate dosing.if a dose of regularly scheduled medication is withheld.it is documented on MAR or the EHR. An explanatory note is also entered.3.1-37(a)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure controlled substance medications were destroyed when compromised or no longer in use for 1 of 2 medication carts reviewed for medication storage. (100 hall front cart)Findings include:During an observation, on 2/16/26 at 10:45 a.m., the 100-hall front medication cart had two compromised controlled substance cards.a. A card of oxycodone (a narcotic pain medication) 5 milligram tablets for Resident 2 had clear tape covering the back of the number 4 and 5 slots.Resident 2 had discharged from the facility on 2/7/26 and the controlled substance card continued to be stored in the medication cart. During an interview, on 2/18/26 at 10:09 a.m., Qualified Medication Aide (QMA) 4 indicated when narcotic medications were discontinued the nurse and Director of Nursing (DON) would destroy the medication and not leave the medication in the cart.b. A card of Norco (a narcotic pain medication) 10/325 mg tablets for Resident 43 had a slit on the back of the card in the number 4 slot.During an interview, on 2/16/26 at 10:55 p.m., Registered Nurse (RN) 2 indicated the substance control cards should not be taped or have slits on the back of the cards. During an interview, on 2/16/26 at 11:07 a.m., the Director of Nursing (DON) indicated the staff should not tape the backs of the narcotics cards. The pills needed to be destroyed, it could be considered a drug diversion, and the medication could be a different pill.A current facility policy, titled Guidelines for Disposal of Controlled Drugs, dated as reviewed on 12/10/25 and received from the Executive Director on 2/20/26 at 9:10 a.m., indicated .When disposing of pharmaceutical controlled substances by transferring those substances into a collection receptacle, such disposal shall occur immediately, but no longer than three (3) business days after discontinuation of use by the LTCF resident. Discontinuation of use includes a permanent discontinuation of all as directed by the prescriber, as a result of the resident's transfer from the long-term care facility, or as a result of death.A current facility policy, titled Medication Storage In The Facility, dated as reviewed on 11/2018 and received from the Director of Nursing on 2/16/26 at 12:44 p.m., indicated .Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal 3.1-25(o)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure staff wore personal protective equipment correctly, isolation signage was posted, orders were followed and medication was destroyed after being dropped for 3 of 4 residents reviewed for infection control. (Resident 3, 74 and 32).Findings include:1. During an observation, on 2/19/26 at 11:47 a.m., Certified Nursing Assistant (CNA) 5 and the Assistant Director of Nursing (ADON) prepared to provide catheter care to Resident 3. The Assistant Director of Nursing and CNA 5 put on a gown and gloves, tied the top of the gown and did not fasten the tie around the waist. During the catheter care, CNA 5's gown opened and her clothes touched the resident's bed and blankets. During an interview, on 2/19/26 at 11:57 a.m., the ADON indicated her and CNA 5 did not tie the waste of their gowns and should have. CNA 5's gown was not covering her clothes during the resident's catheter care and CNA 5's pants touched the resident's bed. During an interview, on 2/19/26 at 11:58 a.m., CNA 5 indicated both ties on the gown needed to be tied to fully cover her clothes. During an interview, on 2/19/26 at 12:09 p.m., the Director of Nursing (DON) indicated a gown and gloves needed to be worn in the isolation rooms. The gowns should be tied in the back. A facility document, titled Guidelines for Donning and Doffing Personal Protective Equipment (PPE), indicated donning a gown you would select the appropriate type and size. With the opening in the back, secure the gown at the neck and waist. If the gown was too small for full coverage, use two; the first with the opening in the front and the second placed over with the opening in the back. 2. During an observation, on 2/16/26 at 10:36 a.m., Licensed Practical Nurse (LPN) 3 was preparing medication for Resident 74 and dropped a pill on the top of the medication cart. LPN 3 placed the pill in the resident's medication cup, walked to the room, and entered the resident's room. The observation was stopped; LPN 3 then returned to the medication cart and destroyed the pill. During an interview, on 2/16/26 at 10:39 p.m., LPN 3 indicated she was not thinking when she dropped the pill and placed it in the medication cup. During an interview, on 12/16/26 at 11:07 a.m., the Director of Nursing (DON) indicated the staff should destroy any pills dropped on the cart or anywhere. 3. The clinical record for Resident 32 was reviewed on 2/16/26 at 9:48 a.m. The diagnoses included, but were not limited to, urinary tract infection (UTI), Vancomycin-Resistant Enterococci (VRE), and metabolic encephalopathy. A physician's order, dated 12/16/26, indicated to flush the peripherally inserted central catheter (PICC) line with 10 cubic centimeter (cc) normal saline before and after medication twice a day. A physician's order, dated 2/19/26, indicated to administer Linezolid 0.9% Sodium Chloride (an antibiotic medication) 600 milligrams (mg)/300 milliliters (ml) intravenous (IV) every 12 hours for VRE UTI. A physician's order for contact precautions or enhanced barrier precautions was not located in the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clinical record. During an observation, on 2/16/26 at 11:53 a.m., an enhanced barrier precautions or contact precautions sign was not found in or around the resident's room and the only personal protective equipment (PPE) found in the resident's room were gloves. During an interview, on 2/16/26 at 11:53 a.m., the Director of Nursing (DON) indicated the resident should have had enhanced barrier precautions in place for her PICC line and should have had contact precautions in place for her diagnosis of VRE. During an interview, on 2/19/26 at 11:33 a.m., QMA 9 indicated if a resident arrived from the hospital with a line (IV, Catheter, etc.) or a transmissible infection, the resident would be placed in enhanced barrier precautions or contact precautions, whichever was appropriate, as soon as they arrived to the facility. A current facility policy, titled Guidelines for Contact Precautions, dated 11/28/16 and received from the Clinical Support Nurse on 2/16/26 at 2:16 p.m., indicated .Contact precautions are indicated to prevent and control HAI (health-care associated infections) transmission of infection with any of the following: a. Vancomycin resistant enterococcus species. (VRE).Precaution Sign: a. Post a sign at the resident's door that is appropriate according to CDC guidance. A current facility policy, titled Enhanced Barrier Precautions (EBP) Standard Operating Procedure, dated 4/1/24 and received from the Clinical Support Nurse on 2/16/26 at 12:56 p.m., indicated .Enhanced Barrier Precautions (EBP) will be in place during high-contact care activities for residents with the following conditions.All Residents with indwelling medical devices 1. Includes but not limited to: catheters, central lines.Personal Protective Equipment (PPE) should be used.at minimum, staff shall wear gloves and gowns during high-contact care activities. A current policy, titled Enhanced Barrier Precaution, dated 6/24 and provided by the Assistant Director of Nursing (ADON) on 12/6/24 at 3:00 p.m., indicated .Enhanced Barrier Precautions All residents with any of the following: Wounds .feeding tube, regardless of MDRO colonization status .Required PPE .Gloves and gown prior to the high contact care activity 3.1-18(b)(1) 3.1-18(b)(2)