

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155479	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2015
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NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00168365.</p> <p>Complaint IN00168365 - Substantiated. Federal/State deficiency related to the allegation is cited at F157.</p> <p>Survey Dates: March 3 & 4, 2015</p> <p>Facility number: 000522 Provider number: 155479 AIM number: 100267040</p> <p>Survey Team: Julie Call, RN, TC Virginia Terveer, RN</p> <p>Census bed type: SNF: 40 SNF/NF: 80 Total: 120</p> <p>Census payor type: Medicare: 40 Medicaid: 59 Other: 21 Total: 120</p> <p>Sample size: 4</p> <p>This deficiency reflects state findings</p>	F 000	<p>Enclosed is the plan of correction for the survey completed at Kingston Care Center on 03-05-15. Please consider this the facility's credible allegation of compliance. However, submission of this response and the plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered, and is also not to be constructed as an admission of interest against the facility, the administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not</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 157 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 6, 2015 by Randy Fry RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or</p>		<p>constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency. Rather, this plan of correction has been prepared because the law requires us to prepare a plan of correction for the citations regardless of whether we agree with them.</p>				

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	<p>discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to promptly notify the resident's representative of changes in the resident's medical status for 1 of 4 residents reviewed. (Resident D)</p> <p>Findings include:</p> <p>Review of the clinical record for Resident D on 3/4/15 at 2:10 p.m., indicated the following: diagnoses included, but were not limited to, Alzheimer's Disease, aphasia secondary to advanced dementia, dysphagia, muscle weakness, hypertension, COPD (chronic obstructive pulmonary disease), chronic kidney disease, psychosis and insomnia.</p> <p>A review on 3/4/15 at 2:30 p.m. of the MDS (Minimum Data Set) assessments dated 12/7/14 and 1/12/15 indicated the</p>	F 157	Resident D has discharged from the facility. Residents currently residing in the facility with changes in conditions have been audited for notification to their representative. Nursing staff RNs and LPNs have been re-educated on notifying a resident's representative of changes in a resident's medical status for abnormal skin findings as well for changes of condition and the documentation requirements of the notification in the electronic health record. Kingston initiated a new process of running a 24/72 hour summary report from our electronic health record software which prints documentation made by the any staff for the last 24/72 hours on each resident to audit for any changes in residents condition and ensuring resident representative notification. The Clinical Directors of each unit will	04/04/2015

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	<p>BIMS (Brief Interview for Mental Status) score was not assessed. The MDS assessments indicated the resident was unable to complete the interview and the resident's cognitive skills for decisions were moderately impaired, decisions poor and cues/supervision were required. The MDS assessments also indicated Resident #D required extensive assist of 2 persons' physical assistance for bed mobility, transfers, toilet use and extensive assistance of 1 person's physical assistance for dressing, eating, personal hygiene and total dependence of 1 person's physical assistance for bathing. The MDS further indicated Resident #D was not steady with surface to surface transfers and was only able to stabilize with human assistance. The assessments also indicated a wheelchair was used for mobility.</p> <p>A review on 3/4/15 at 3:00 p.m. of Resident #D's progress notes indicated the following: On 1/15/15 at 16:29 (Late Entry 4:29 P.M.) the Nurse Practitioner indicated, "...asked per Nrsng (Nursing) to evaluate pt (patient) for unresponsive episode....Today....unresponsive, drooling, eyes open, no verbal response. Pt has medical history of advanced dementia and stroke....Unresponsive episode, due to stable vital signs, will continue to monitor; no apneic (cessation</p>		audit for resident representative notification for changes in resident's condition daily for a period of 4 weeks, then twice a week for 4 weeks, then weekly for 4 weeks and finally monthly for 3 months. Audit findings will be reviewed monthly in our Quality Assurance meeting. Kingston would like to request a desk review for compliance with this deficiency as we feel with new processes adopted we will obtain and maintain continued compliance.	

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	<p>of spontaneous breathing) episodes today. Most likely vagal response to BM (bowel movement)...."</p> <p>A review on 3/4/15 at 3:30 p.m. of Resident D's nurses' progress notes did not contain documentation indicating the family was notified of the resident's unresponsive episode.</p> <p>A review on 3/5/15 at 9:00 a.m. of Resident #D's Non-Pressure Skin Condition Reports indicated the following:</p> <p>- On 1/15/15 at 22:35 indicated, "...Left elbow skin tear, measured 2.2 cm (centimeters) x (by) 1.2 cm, partial thickness skin loss....bloody drainage...." The documentation did not indicate the family was notified.</p> <p>-On 1/19/15 indicated, "...Yellow/green bruise with small bump on forehead, measured 2.3 cm x 1.1 cm...Date Physician notified: 1/19/15...The documentation did not indicate the family was notified.</p> <p>-On 1/21/15 at 17:49 indicated, "...Left elbow skin tear measured 2.2 cm x 1.2 cm, partial thickness skin loss...dry wound...improved...continue treatment...." The documentation did not</p>			

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	<p>indicate the family was notified.</p> <p>A review on 3/5/15 at 9:15 a.m. of Resident #D's Non-Pressure Skin Condition indicated the bruise on the resident's forehead identified on 1/19/15 was reported to the family on 1/26/15.</p> <p>A review of the New Order Form (Physician Orders) on 3/5/15 at 10:00 a.m. indicated the following: -On 1/15/14[sic], "...cleanse ST (skin tear) to Lt (left) elbow c (with) NS (Normal Saline). Apply Allevyn (wound dressing) every hs (bedtime)...." The new order form did not indicate the family was notified.</p> <p>-On 1/17/15, "...Order clarification...cleanse ST to Lt elbow c NS. Apply Allevyn dressing. Change q (every) 3 days and PRN (as needed)...." The new order form did not indicate, by being dated, the family was notified.</p> <p>An interview on 3/5/14 at 9:15 a.m. with the DON indicated through investigation the facility determined the skin tear occurred when the CNA removed the gait belt from Resident D after she was put back in bed. She further indicated the bruise on Resident D's forehead was determined to be caused by the resident resting her forehead on the table and the</p>			

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	<p>resident also puts her forehead against the staff's shoulder during transfers.</p> <p>An interview on 3/5/15 at 10:15 a.m. with the DON, indicated she could not find any documentation in the resident's clinical record of the notification to the family member/POA (Power of Attorney) of Resident D's skin tear or the episode of unresponsiveness.</p> <p>Review of the facility's current, non-dated, Resident's Rights, on 3/5/15 at 9:30 a.m., provided by the Administrator indicated the following, "...The facility immediately consult the resident's physician and the resident's legal representative when the facility has noticed:...1. a significant decline in the resident's physical, mental or psychosocial status; or...2. a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment...."</p> <p>Review of the current facility's policy on 3/5/15 at 1:10 p.m., provided by the DON, titled, Change in a Resident's Condition or Status, with Approval Date of April 2014 indicated the following, "...Our facility shall promptly notify the resident, his or her Attending Physician and representative (sponsor) of charges in</p>			

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	<p>the resident's medical/mental condition and/or status....Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative (sponsor) when:...The resident is involved in any accident or incident that results in an injury including injuries of an unknown source....Except in medical emergencies, notifications will be mad within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status....will inform the resident of any changes in his/her medical care or nursing treatments...."</p> <p>This Federal Tag relates to Complaint IN00168365.</p> <p>3.1-5(a)(1)</p>			