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 12/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSTON CARE CENTER OF FORT WAYNE	1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: December 4, 5, 9, 10, 11,12, 2013 Facility number: 000522 Provider number: 155479 AIM number: 100267040 Survey Team: Martha Saull, RN, TC Sue Brooker, RD December 4,5,11,12, 2013 Julie Call, RN Virginia Terveer, RN Census bed type: SNF: 41 SNF/NF: 68 Total : 109 Census payor type: Medicare: 36 Medicaid: 46 Other: 27 Total: 109 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on	F000000	Enclosed is the plan of correction for the survey completed at Kingston Care Center on 12-12-13. 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, agent, 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 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 fourth in the allegation by the survey agency. Rather, this plan of correction has been prepared because the lawrequires us to prepare a plan of correction for the citations regardless of weather we agree with them. Kingston Care Center is requesting that a desk review be done for the plan of correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	December 16, 2013 by Randy Fry RN.			

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F000371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions			
	Based on observation, interview and record review, the facility failed to ensure staff serving residents their meals washed their hands for the appropriate amount of time, failed to ensure staff washed their hands when entering the kitchen area for the Crown dining room and failed to ensure staff changed their gloves after contamination prior to serving residents their meals which could have potentially affected an average of 50 residents who were served meals from the Crown dining room. Findings include: 1. During an observation of the dinner meal in the Crown Dining Room on 12-4-2013 the following was observed: At 5:01 p.m., Dietary Aide #7 washed hands for 6 seconds and served a resident their meal. At 5:02 p.m., Dietary Aide #7 washed	F000371	Re-education on proper hand washing and use of gloves will be provided to all dietary and kitchen staff by 01/11/2014. (see attached education) Assigned staff members will do audits of proper hand washing and use of gloves on a daily basis for the next 30 days and weekly for four weeks and monthly there after. The results of the audits will be reviewed during the monthly quality assurance meeting.	01/11/2014

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	hands for 5 seconds and served a resident their meal. At 5:02 p.m., Dietary Aide #6 washed hands for 5 seconds, moved a chair and then served coffee to a resident. At 5:03 p.m., Dietary Aide #7 washed hands for 5 seconds and served a resident their meal. At 5:05 p.m., Dietary Aide #7 washed hands for 5 seconds and served a resident their meal. At 5:07 p.m., Dietary Aide #7 washed hands for 5 seconds and served a resident their meal. At 5:11 p.m., Dietary Aide #7 washed hands for 6 seconds and served a resident their meal. At 5:19 p.m., Dietary Aide #7 washed hands for 6 seconds and served a resident their meal. At 5:27 p.m., Dietary Aide #7 washed hands for 6 seconds and served a resident their meal. At 5:32 p.m., Dietary Aide #6 washed hands for 8 seconds and served drinks to residents.			

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	At 5:35 p.m., Dietary Aide #7 washed hands for 6 seconds and served a resident their meal. 2. During an observation of the lunch meal in the Crown Dining Room on 12-9-2013 the following was observed: At 11:06 a.m., Dietary Aide #8 entered the Crown Dining Room kitchen and upon entering the kitchen, the Aide did not wash her hands. The Aide proceeded to obtain the temperatures of the food. At 11:15 a.m., Dietary Aide #4 washed hands for 10 seconds and served residents their lunch meal. At 11:15 a.m., Dietary Aide #5 washed hands for 10 seconds and began to serve residents their beverages from the beverage cart. At 11:22 a.m., Dietary Aide #4 touched a cabinet door with her gloved hands and proceeded to serve residents their meals without changing gloves and washing hands. At 11:25 a.m., Dietary Aide #4 opened cabinet drawers with her gloved hand and proceeded to serve residents their meals without			

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	changing gloves and washing hands. At 11:34 a.m., Dietary Aide #5 touched a resident's shoulder and continued to serve residents drinks from the beverage cart without washing hands. At 11:37 a.m., Dietary Aide #4 touched the handle on the beverage cart with her gloved hand and served a meal to a resident without changing gloves and washing her hands. At 11:38 a.m., Dietary Aide #4 wiped up a spill on the counter with the same gloves on and continued to serve residents their meals without changing gloves or washing hands. At 11:50 a.m., Dietary Aide #4 used a stapler and continued to serve residents their meals without washing her hands. 3. On 12-11-2103 at 12:32 p.m., Cook #3 was observed to enter the Crown Dining Room kitchen and proceeded to prepare a plate of food for a resident without first washing his hands. On 12-11-2013 at 12:34 p.m., handwashing instructions were observed posted on the paper towel			

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	holder at the sink in the Crown Dining Room that was used by Dietary Staff for handwashing. The instructions indicated the following: "...Wash your hands before preparing food...place your hands together under water...rub your hands together for at least 20 seconds...." During an interview with the Registered Dietician (RD) on 12-11-2013 at 9:55 a.m., the RD indicated staff should wash hands when entering the kitchen area prior to beginning any work in the kitchen. The RD indicated staff should wash hands for 20 seconds prior to any food preparation or serving residents their meal. The RD indicated hands should be washed or gloves changed when soiled, such as touching a resident or other contaminated surface. When gloves are changed, hands are to be washed prior to donning clean gloves. Further interview with the RD on 12-11-2013 at 10:58 a.m., the RD indicated though the facility policy for handwashing indicated dietary staff were to wash their hands for 10-20 seconds, 20 seconds was preferable. During an interview with Dietary Aide #2 on 12-11-2013 at 10:59 a.m., the			

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	Aide indicated hands were to be washed for 20 seconds prior to serving residents their meals and hands were to be washed after touching yourself, another surface such as a cabinet door or drawer or any other surface prior to serving residents their meal. During an interview with Cook #3 on 12-11-2013 at 11:03 a.m., the Cook indicated hands were to be washed for at least for 20 seconds after entering the kitchen. A policy "Handwashing" dated 9-10-2004 and provided by the RD on 12-11-2013 at 10:36 a.m. indicated "dietary staff will wash hands before starting work, when returning to work, after smoking, eating, drinking, after visiting restrooms, after handling garbage or poisonous compounds, and at other times hands have been soiled...wash for minimum of 10 - 20 seconds..." A policy "Use of Plastic Gloves" dated 9-10-2013 and provided by the RD on 12-11-2013 at 10:36 a.m. indicated "hands are to be washed when entering the kitchen and before putting on the plastic gloves...remember gloves are just like hands...anytime a contaminated			

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	surface is touched, the gloves must be changed...after handling anything soiled...anytime you touch any contaminated surface." 3.1-21(i)(2)			