

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155479	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2016
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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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K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/11/16</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>At this Life Safety Code survey, Kingston Care Center of Fort Wayne was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and with 410 IAC 16.2. The original building consisting of the 100 hall, main entrance, and the center service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and</p>	K 0000		
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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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K 0064 SS=B Bldg. 01	<p>hard wired smoke detector in all resident rooms. The facility has a capacity of 137 and had a census of 114 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached unsprinklered storage building providing facility services which was used for the storage of mowing equipment.</p> <p>Quality Review on 02/12/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 1 K Class portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior</p>	K 0064	The K class place card was purchased and installed on 2/12/16. See attached picture and invoice. Weekly audits were added to the preventative maintenance schedule.	02/12/2016

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K 0000  Bldg. 02	<p>to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 60 residents using the main dining room and all kitchen staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 02/11/16 at 11:56 a.m., the kitchen K Class fire extinguisher lacked a placard. Based on an interview at the time of observation, the Maintenance Supervisor confirmed the kitchen K Class fire extinguisher lacked a placard identifying its use as secondary backup to the kitchen automatic fire suppression system.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p>	K 0000		

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	<p>Survey Date: 02/11/16</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>At this Life Safety Code survey, Kingston Care Center of Fort Wayne was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and with 410 IAC 16.2. The new section building consisting of the 200, 300, and 400 halls was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in all resident rooms. The facility has a capacity of 137 and had a census of 114 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached unsprinklered</p>			

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K 0062 SS=D Bldg. 02	<p>storage building providing facility services which was used for the storage of mowing equipment.</p> <p>Quality Review on 02/12/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for 1 of 1 sprinkler heads was unobstructed in the private dining room. LSC 9.7.5 requires all automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. This deficient practice could affect 1 resident and visitors in the private dining room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 02/11/16 at 12:41 p.m., the spray pattern for the sprinkler head in the private dining room</p>	K 0062	A new ceiling fan was installed on 2/16/16. See attached picture and invoice. Weekly audits were added to the preventative maintenance schedule.	02/16/2016

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K 0067 SS=E Bldg. 02	<p>was obstructed by the motor housing of a ceiling fan. The sprinkler head was three inches from the motor housing preventing full sprinkler coverage of the room. Based on an interview at the time of observation, the Maintenance Supervisor acknowledged the the motor housing would obstructed the sprinkler spray pattern.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 egress corridors was not being used as a portion of a return air system/plenum for air conditioning, heating and ventilating (HVAC) duct work serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems, at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return or exhaust air system serving adjoining areas. This deficient practice could affect 20 residents in 2 of 10 smoke compartments.</p> <p>Findings include:</p>	K 0067	Waiver requested annually. See attached letter and wiaver request.	02/29/2016

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	<p>Based on observation during a tour of the facility with the Maintenance Supervisor on 02/11/16 from 11:30 a.m. to 12:00 p.m., in resident rooms 401 through 404 there was a force air supply in the ceiling but the rooms did not have there own air return. Based on an interview at the time of observations, The maintenance supervisor stated that resident rooms 401 through 405 and the common center hall were using the egress corridors as a return air system.</p> <p>3.1-19(b)</p>			