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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 06/01/2016 |
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| NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF FORT WAYNE | STREET ADDRESS, CITY, STATE, ZIP CODE 7515 WINCHESTER RD FORT WAYNE, IN 46819 |
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| R 0000 Bldg. 00 | <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: May 31, 2016 and June 1, 2016</p> <p>Facility number: 001135 Provider number: 001135 AIM number: N/A</p> <p>Census bed type: Residential: 52 Total: 52</p> <p>Census payor type: Other: 52 Total: 52</p> <p>Residential sample: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed on June 3, 2016 by 17934.</p> | R 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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| R 0153 Bldg. 00 | <p>410 IAC 16.2-5-1.5(j) Sanitation and Safety Standards - Deficiency (j) The facility shall observe safety precautions when oxygen is stored or administered in the facility. Residents on oxygen shall be instructed in safety measures concerning storage and administration of oxygen.</p> <p>Based on observation, interview and record review, the facility failed to ensure portable oxygen tanks were stored in a safe and secure manner for 1 of 2 residents with portable oxygen tanks stored in their rooms. (Resident #9)</p> <p>Findings include:</p> <p>On 6/1/16, the following observations were made in Resident #9's room:</p> <p>At 11:45 a.m., the room was entered with the nurse to perform a blood sugar test on the Resident. The walk-in closet door was observed to be open and visible in the closet were 9 metal, torpedo shaped, cylinders, of portable oxygen (oxygen tanks). The oxygen tanks were observed to be standing upright in the closet on the carpeted floor. Seven of the nine tanks were unsecured and freestanding in the closet and the other 2 tanks were secured in a sturdy cardboard carton.</p> <p>At 12:00 a.m., when returning to the</p> | R 0153 | <p>Enclosed is the plan of correction for the annual survey completed at Kingston Residence of Fort Wayne on 6-1-2016. Please consider this the facility's credible allegation of compliance. However the 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 executive director, or any employees, agent, or other individuals who may be discussed in this response and plan of correction.</p> <p>In addition, preparation and submission of this plan of correction does not constitute any 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> <p>Kingston Residence of Fort Wayne is</p> | 06/13/2016 |

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| | <p>Resident's room with the nurse to observe administration of insulin, the 7 oxygen tanks remained unsecured in the closet. When entering the closet, observed 2 of the 4 spaces in the cardboard carton to store the oxygen were not being used. There were no other racks or cartons in the closet to secure the oxygen tanks. Nurse #1 did not acknowledge the presence of the unsecured oxygen tanks in the closet.</p> <p>Review of the clinical record for Resident #9 on 6/1/16 at 1:30 p.m., indicated the following: diagnoses included, but were not limited to chronic obstructive pulmonary disease (COPD), congestive heart failure, hypertension, insulin dependent diabetes mellitus and atrial fibrillation. A hospital physician's consultation note also indicated diagnoses: advanced COPD and chronic use of oxygen.</p> <p>On 5/31/16 at 10:45 a.m., the Executive Director provided a resident roster which indicated Resident #9 was identified as interviewable (alert, oriented and reliable) by the facility.</p> <p>On 6/1/16 at 2:00 p.m., Nurse #1 and Nurse #2 were observed standing in the hallway outside of the nurse's station. Nurse #1 had a metal rack to hold oxygen</p> | | <p>respectfully requesting that a desk review be done for the plan of correction.</p> <p>Oxygen Storage</p> <p>On June 1, 2016, all portable E-cylinder tanks were audited to ensure they were properly stored. All E-cylinders in the building were properly stored except those brought in by the VA for resident #9. The VA only provides oxygen for resident #9. Resident #9 did not experience a negative outcome. All staff were inserviced by June 13, 2016 on the proper storing of oxygen cylinders. The VA was notified and encouraged to educate their employees on the proper storage of oxygen. Documentation received from the VA indicated that the VA delivery person was educated and competent on the proper storage of oxygen on 12-21-15, but did not supply racks for the cylinders that were delivered to resident #9 on 6-1-16. Resident #9's oxygen was changed from three-cylinders to refillable tanks. The Director of Nursing Services and/or designee will complete random audits 3 times a week for 2 weeks, weekly for 2 weeks, every 2 weeks for 8 weeks, and monthly for 3 months. Nursing staff will ensure that any new e-cylinders coming into the building will have a rack to store them.</p> <p>Alleged date of compliance June 13, 2016</p> | | | | |

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| | <p>tanks in her hand.</p> <p>An interview with Nurse #1 on 6/1/16 at 2:00 p.m., indicated the oxygen rack was for Resident #9. She indicated the oxygen tanks in the closet were to be secured in a rack to prevent it from being knocked over and prevent an accident or injury to the resident or staff. She also indicated she was not aware Resident #9 had so many oxygen tanks.</p> <p>An interview with Nurse #2 on 6/1/16 at 2:00 p.m., indicated she was phoning the oxygen supply company to find out why the oxygen tanks were left unsecured in the resident's room. She also indicated she would request the oxygen supply company to provide racks to secure the oxygen. She further indicated currently there were 2 companies providing oxygen for the resident. The VA (Veteran Affairs) was the new oxygen supplier.</p> <p>An interview with Resident #9 on 6/1/16 at 3:00 p.m., indicated the VA would be supplying his oxygen. The resident indicated the VA had delivered 3 oxygen tanks and an oxygen concentrator on 5/31/16. The resident indicated he had refused to sign any papers about the oxygen and did not receive any papers or instructions about the oxygen.</p> | | | |

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| R 0273 Bldg. 00 | <p>An interview with CNA #3 on 6/1/16 at 3:15 p.m., indicated oxygen tanks were usually stored in the resident's closet in a metal rack.</p> <p>Review of the current, non-dated facility policy provided by the Executive Director on 6/1/16 at 2:15 p.m., titled, Oxygen Safet [sic]-General Rules, indicated, "...To assure the safety of our resident regarding oxygen therapy....Cylinders must be secured at all times so they cannot fall...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure opened food items in the activity area cabinets and refrigerator/freezer were dated when opened, adequately sealed after opening and not used past the best use by date on the container. This had the potential to affect the 52 residents</p> | R 0273 | Enclosed is the plan of correction for the annual survey completed at Kingston Residence of Fort Wayne on 6-1-2016. Please consider this the facility's credible allegation of compliance. However the submission of this response and the plan of correction is not a legal admission that a deficiency exists | 06/13/2016 |

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| | <p>who resided in the building.</p> <p>Findings include:</p> <p>An observation of the activity kitchen refrigerator/freezer and the cabinets on 6-1-2016 at 1:20 p.m., indicated the following:</p> <p>One pound of margarine which was opened and not securely wrapped was observed in the door of the refrigerator. There was not an opened date on the paper wrapper.</p> <p>A 48 ounce container of cherry cordial ice cream and a half gallon container of peppermint ice cream were stored in the freezer without opened dates written on the containers.</p> <p>In the cabinets above the sink area, there were two opened 16 ounce containers of peanut butter, one opened 16 ounce container of shortening and three opened containers of powdered coffee creamer (carmel, french vanilla and carmel macchiato), and all were without opened dates recorded on the labels. In addition, there was one container of orange cream cappuccino without an opened date written on the container. A "best if used by 3-9-2011" was printed on the container.</p> | | <p>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 executive director, or any employees, agent, or other individuals who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute any 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. Kingston Residence of Fort Wayne is respectfully requesting that a desk review be done for the plan of correction. On June 1, 2016, all undated food in the Activity Kitchen was discarded. All Staff have been inserviced by June 13, 2016 on the proper storage of food. The Director of Activities and/or designee will complete random audits of the refrigerator, freezer, and cupboards 3 times a week for 2 weeks, weekly for 2 weeks, every 2 weeks for 8 weeks, and monthly for 3 months. Alleged date of compliance June 13, 2016</p> | | | | |

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| | <p>An observation of the activity kitchen refrigerator/freezer and the cabinets with the Activity Director and the Executive Director on 6-1-2016 at 1:33 p.m., indicated the following:</p> <p>The Activity Director indicated the one pound package of margarine was opened and used last week and was to be returned to the kitchen. She indicated the margarine should have been secured in a plastic bag and the date opened written on the package.</p> <p>The Activity Director indicated she did not put the peppermint ice cream that was opened in the freezer, but the opened ice cream (the peppermint and the cherry cordial) should have had open dates written on the containers.</p> <p>An interview with the Activity Director on 6-1-2016 at 1:40 p.m., indicated she had gone through the cabinets and checked for outdated food. She indicated she did not know where the container of orange cream cappuccino came from and was not aware of the best use by date of 3-9-2011. She indicated the opened peanut butter jars, the shortening, and the three containers of powdered coffee creamer should have been labeled with an opened date.</p> | | | |

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| | <p>An interview with the Executive Director on 6-1-2016 at 2:06 p.m., indicated both Activity Directors had been educated about the food storage, labeling and dating opened food items that were being stored in the activity kitchen.</p> <p>A current, undated policy, "Food Storage" was provided by the Executive Director on 6-1-2016 at 2:07 p.m. The policy indicated, "...food is wrapped carefully and securely...clearly labeled and dated...."</p> | | | |