

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 05/01/2015
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 30, 2015 & May 1, 2015</p> <p>Facility number: 001135 Provider number: 001135 AIM number: N/A</p> <p>Census bed type: Residential: 50 Total: 50</p> <p>Census payor type: Other: 50 Total: 50</p> <p>Residential sample: 7</p> <p>This state finding is cited in accordance with 410 IAC 16.2-5.</p>	R 000		
R 302 Bldg. 00	<p>410 IAC 16.2-5-6(c)(6) Pharmaceutical Services - Deficiency (6) Over-the-counter medications must be identified with the following:</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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	<p>(A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength.</p> <p>Based on observation, interview and record review, the facility failed to ensure Over the Counter Medications (OTC) were identified with a Resident's name and the Physician's name for 5 of 5 OTC medications in 2 of 14 non-facility pharmacy storage bins, potentially affecting 14 of the 47 residents whose medications were administered by the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An observation during medication set up and administration on 4/30/15 at 12:15 p.m., indicated an OTC bottle of aspirin 81 mg (milligrams) was not labeled with a Resident's name or a Physician name. A red printed label on the cap of the bottle indicated, "Noon" and the aspirin was dispensed and given to a resident. 2. An observation of the facility's medication storage on 4/30/15 at 4:10 p.m., indicated plastic storage bins in the upper cabinets were used to store the residents' medications provided by the non-facility pharmacies. Each storage bin was labeled with a Resident's name. 	R 302	Enclosed is the plan of correction for the survey completed at Kingston Residence of Fort Wayne. 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 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. Over the counter medications are now labeled with the residents name and physician. All 14 residents who use an outside pharmacy were	05/05/2015

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	<p>A plastic storage bin contained the following OTC medications that were not labeled with a Resident's name or a Physician's name on the bottle: 1 opened bottle of Allergy Relief 25 mg, 1 opened bottle of Mucinex D, 1 opened bottle of [Brand] Vision Eye Vitamins and 1 opened bottle of Complete Multi Vitamin Women.</p> <p>An interview on 4/29/15 at 3:30 p.m., with RN #1 indicated the OTC medications were not tabled when they are stored in the bins labeled with a resident's name. She indicated the facility has a log for all medications brought to the facility from an outside pharmacy or OTC medications that were brought in by the families. She indicated she would use the log to identify the medication if it was left outside of the bin.</p> <p>A review of the facility's medication log on 4/29/15 at 3:35 p.m., indicated the medication log included the following: Name of the Resident, Name of the Drug, Rx (prescriptions) or OTC, From Who, and Date.</p> <p>An interview on 5/1/15 at 10:30 a.m., with the Director of Medical Services indicated there were 14 medication bins used for the residents with outside</p>		<p>reviewed. No resident was ever given a wrong medication. The policy is now changed to reflect this practice and the staff were in-serviced by 5-12-15. The Director of Medical Services will monitor residents who use an outside pharmacy weekly for a month, bimonthly for a month and then quarterly for a year for compliance.</p>	

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	<p>pharmacies and 3 residents administered their own medications. She indicated all of the OTC medications administered by the facility should be labeled with the Resident's name and the Physician's name.</p> <p>A current facility policy provided by the Executive Director, titled, "Over the Counter Medication Use" with an issued date: October 9, 2002, indicated, "...It is the policy of Kingston Residence that over the counter medications may be utilized if the following procedure is followed....Over the counter medications will be signed in the log book upon arrival. For residents not using our pharmacy, medication will be stored in a tote labeled with the resident's name...The medication must remain in the original container...If the medication is not stored in the residents [sic] tote, the medication must have the residents[sic] name and physician applied....The name of the medication must be visible...The strength of the drug must be visible....There must be an expiration date visible...."</p>			