

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  01/20/2015
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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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K 000  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: 01/20/15</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</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 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</p>	K 000		
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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 067 SS=E Bldg. 01	<p>alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in all resident rooms except resident rooms 401-405 where battery operated smoke detector have been installed. The facility has a capacity of 137 and had a census of 133 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 by Dennis Austill, Life Safety Code Specialist on 01/26/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 egress corridors was not being used as a portion</p>	K 067	Kingston Care Center has requested and recived a waiver for K067 annually by the State.	02/07/2015

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K 000  Bldg. 02	<p>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 2 of 10 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation and interview on 01/22/15 from 11:00 a.m. to 4:00 p.m., the Environmental Services Director acknowledged 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> <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 000		

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	<p>Survey Date: 01/20/15</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</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 100, 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 with the exception of the area cited in K56. 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 except resident rooms 401-405 where battery operated smoke detector have been installed. The facility has a capacity of 137 and had a census of</p>			

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K 056 SS=E Bldg. 02	<p>133 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 by Dennis Austill, Life Safety Code Specialist on 01/26/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided</p>	K 056	Kingston has contracted with Indiana Fire and Sprinkler to install a sprinkler system to the 400 hall attic space. This work	04/13/2015

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K 076 SS=E Bldg. 02	<p>for 1 of 1 attics in the 400 hall in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect 49 residents in the 400 hall.</p> <p>Findings include:</p> <p>Based on an observation with the Environmental Service Director on 01/20/15 at 2:30 p.m., the roof assembly of the 400 hall had plywood sheeting. The 400 hall attic lacked sprinkler coverage. Based on an interview with the Environmental Service Director at the time of observation, he placed a call to his Regional Supervisor and was told the attic didn't require sprinkler protection because the plywood sheeting had been treated and was flame retardant.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p>		will be completed on or before 4/13/2015.				

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	<p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure combustible materials were separated from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, the Standard for Health Care Facilities, Section 8-3.1.11.2(c)2 requires oxidizing gases such as oxygen shall be separated from combustibles by a minimum distance of five feet in a fully sprinklered building. This deficient practice could affect 13 residents in the 400 hall near the oxygen storage room.</p> <p>Findings include:</p> <p>Based on an observation with the Environmental Service Director on 01/22/14 at 2:00 p.m., combustible material such as cardboard boxes and plastic items were stored within two inches of stationary liquid oxygen containers in the oxygen storage room. This was acknowledged by the Environmental Service Director at the time of observation.</p> <p>3.1-19(b)</p>	K 076	Removed combustible material including storage shelving to allow for additional storage area of oxygen storage cylinders, daily inspection of the oxygen room to be documented on the Daily PM log.	02/07/2015