

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 10/07/2015
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00183221.</p> <p>Complaint IN00183221—Substantiated. Federal/State deficiency related to the allegations is cited at F– 514.</p> <p>Survey Dates: October 5, 6 & 7, 2015</p> <p>Facility number: 000522 Provider number: 155479 AIM number: 100267040</p> <p>Census bed type: SNF: 26 SNF/NF: 78 Total: 104</p> <p>Census payor type: Medicare: 16 Medicaid: 64 Other: 24 Total: 104</p> <p>Sample: 3</p> <p>QR completed on October 7, 2015 by 17934.</p>	F 0000	<p>Enclosed is the plan of correction for the survey completed at Kingston Care Center on 10-07-15. 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 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 Care Center is respectfully requesting that a desk review be done for the plan of correction.</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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F 0514 SS=D Bldg. 00	<p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure a treatment was done and accurately documented for 1 resident (B) in a sample of 3 resident records reviewed.</p> <p>Findings include:</p> <p>On 10/6/15 at 9:30 a.m. review of the clinical record for resident (B) indicated she was admitted to the facility on 2/12/13 with Diagnoses including but not limited to Chronic</p>	F 0514	<p>Resident B identified in the survey had identification and correction of the deficiency on 9-20-15. Current residents were audited on 10-6-15 for missing treatments and documentation with findings addressed as needed by Clinical Directors and the Director of Nursing Services. Nurses and Qualified Medication Aides were educated to the regulation of accurate documentation standards, completed on 10-9-15. Corrections completed by 10-9-15. Daily audits have been in place since 9-20-15 of</p>	10/09/2015

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	<p>Kidney Disease, Dementia with Behaviors, Coronary Artery Disease and Gout. Review of the physician orders for resident (B) indicated an order dated 9/7/15 for "Viscopaste to left shin over blistered areas, wrap with gauze roll and change daily".</p> <p>Review of the treatment administration record (TAR) on 10/6/15 at 10:00 a.m. for resident (B) indicated there was no signature of the treatment being done to her leg on 9/18/15.</p> <p>On 10/6/15 at 3:20 p.m. interview with the Director of Nursing (DON) indicated resident (B's) family member had complained on 9/20/15 the resident's treatment to her leg had not been done for 2 days as the treatment was dated 9/17/15. The DON indicated she had done an investigation of the incident and found the nurse on 9/18/15 had not done the treatment and a nurse who documented the treatment as being done on 9/19/15 had not done the treatment to resident (B's) leg although it was documented as completed.</p> <p>This federal tag is related to</p>		<p>treatments for resident B and since 10-5-15 for random residents throughout the building by the Director of Nursing Services or designee. Audits will continue daily by the Director of Nursing Services or designee for 30 days and monthly thereafter for 5 months with results addressed monthly at the Quality Assurance meeting. Kingston Care Center would like to respectfully request a desk review for this isolated deficiency.</p>	

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	complaint IN00183221 3.1-50(a)(2)				