STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSTON SENIOR LIVING OF FORT WAYNE	7515 WINCHESTER RD, FORT WAYNE, , 46819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake 467545. Intake 467545- State deficiencies related to the allegations are cited at R0217. Survey date: Feburary 2, 2026 Facility number: 001135 Residential Census:55 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed February 2, 2026	R 0000	This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Kingston Senior Living agrees with the allegations and citations listed on the statement of deficiencies. Kingston Senior Living maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Kingston Senior Livings written credible allegations of compliance. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Kingston Senior Living reserves all possible contentions and defenses in any civil or criminal actions or proceeding. Please accept the date of correction of 2/13 the facility's credible allegation of compliance. We respectfully request paper compliance for all deficiencies in the following plan of correction.	
R 0217	Evaluation - Deficiency	R 0217	It is the practice of Kingston	02/03/2026

	410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential		Senior Living to ensure all service plans are updated accordingly as due. Resident 4'sserviceplan was updatedto include hospice services. All patientsonhospice services have the potential to be affected. Aone-timeaudit of all patients on hospice services was completed to ensure service plans were updated to include hospice. Any concerns noted were correctedimmediately. Education was completed with all nurses on the service plan policy. DON/Designee will audit 5 patients on hospice services weekly x 4 weeks and then 5 patients on hospice services monthly x 4 months to ensure that their service plan includes hospice. Any concerns noted will be addressedimmediately. Allauditswill be taken to QA for review. The DONis responsible forsustained compliance.	

nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

Based on interview and record review the facility failed to update a service plan related to a significant change for 1 of 3 residents reviewed (Resident 4).

Finding included:

A record review for Resident 4 began on 2/2/26 at 10:07 AM. Diagnosis included chronic obstructive pulmonary disease (COPD) and Major Depressive disorder.

A review of physician orders, dated of 11/18/25, indicated Resident 4 was admitted to hospice care with a diagnosis of COPD.

A review of Resident 4's current service plan, dated 9/25, indicated there was no documentation in the service plan to reflect hospice care.

In an interview, on 2/2/26 at 11:46 AM, the Director of Nursing indicated Resident 4 was admitted to hospice in November 2025. Their service plan should have been updated to reflect the significant change.

A current facility policy, titled, Evaluation and service plan

guidelines, dated 12/23/25, was provided by the Administrator on 2/2/26 at 12:31 PM. The policy indicated..." Upon admission, semi-annually and with significant change in health status of functioning, the licensed nurse shall evaluate the resident's physical, mental, psychosocial functioning and care needs...Significant changes would include but not limited to a fall with injury, an elopement, an acquired or worsened wound, or deterioration of health statues. Changes in level of care scoring for billing purposed does not coincide with significant change condition, thus may not trigger an update to the service plan...."

This citation is related to Intake 467545

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREAmanda Craig	TITLEExecutive Director	(X6) DATE02/13/2026