STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSTON AT DUPONT	1716 E DUPONT RD, FORT WAYNE, , 46825

(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 a State Residential Licensure Survey. Survey dates: April 3, and 4, 2023 Facility number: 003000 Residential Census: 36 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 5, 2023	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 at Dupont agrees with the allegations and citations listed on the statement of deficiencies. Kingston at Dupont 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 at Dupont's written credible allegations of compliance. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Kingston at Dupont reserves all possible contentions and defenses in any civil or criminal	

			actions or proceeding. Please accept the date of correction of 5/22/23, as the facility's credible allegation of compliance. We respectfully request paper compliance for all deficiencies in the following plan of correction.	
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform.	R 0117	It is the practice of Kingston at Dupont to ensure a minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site, on all shifts. All nurses and QMAs have been reviewed for current CPR and first aid certificates. A certified instructor has been retained to provide scheduled CPR and First Aid certification class for staff who need to be certified, to ensure CPR and first aid staffing requirements. The classes have been scheduled and will be completed by 5/22/23. To prevent a reoccurrence, The Director of Nursing and Scheduler were inserviced on CPR and first aid training requirements. The Director of Nursing/designee will be responsible for ensuring at least	05/22/2023

	Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure a first aid certified staff member was present on site for 11 of 21 shifts reviewed. 36 residents resided in the facility. Findings include: A review of as worked schedule between 3/20/23 to 4/4/23 indicated there was not a first aid certified staff member scheduled on March 26, 27, 28, 29, 39, and 31 of 2023 or on April 1 and 2 of 2023. During an interview on 4/4/23 at 10:10 AM, the Administrator indicated she was unaware first aid training was not included in Basic Life Support training. A current policy titled "First Aid Treatment" provided by the Administrator on 4/4/23 at 1:25 AM indicated first aid training was a requirement during initial orientation and first aid skills would be reviewed as needed. Based on record review and interview, the facility failed to ensure a first aid certified staff member was present on site for 11 of 21 shifts reviewed. 36 residents resided in the facility. Findings include: A review of as worked schedule		one CPR and first aid certified nurse or QMA is on duty, for all shifts. Administrator/Designee will complete a Quality Assurance Audit to ensure compliance with all nurses and QMAs being certified in CPR and first aid, weekly for 4 weeks, bi-weekly for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted and staff certified CPR and first aid will be scheduled. The Administrator/Designee will report all findings to the QA Committee and will be reviewed at the QA Quarterly Meeting for 6 months.	

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R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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 food items were dated when opened. 36 of 36 residents ate food prepared from the facility kitchen. During a kitchen tour with the Dietary Manager (DM) on 4/3/23	R 0273	It is the practice of Kingston of Dupont to ensure all food items are dated, when opened. At the time of survey, food items were observed to be opened, and not dated. No residents were affected but did have potential to be affected by deficient practice. All food storage areas have been observed/audited to ensure that items that are opened are dated.	05/22/2023

	beginning at 9:45 AM, a stack of cheese slices wrapped in clear plastic wrap was observed in the first reach-in cooler. No open date was visible anywhere on the package. Jars labeled French dressing, poppy seed dressing, honey mustard dressing and mayonnaise were observed to be opened and more than half empty. No dates were visible on any of the jars. A bag of strawberries, observed in the reach-in freezer, was visibly cut open and tied closed. No open date was visible anywhere on the package. 5 bags of roasted vegetables, 8 bags of lima beans and 4 bags of Brussels spouts were observed in the reach in freezer with no visible dates on the bags. During an interview on 4/3/23 at 12:07 AM, the DM indicated all open items must be dated when opened to prevent accidentally serving expired food. She indicated the cook became busy at times and likely forgot to date the packages upon opening them. The DM indicated it was her responsibility to ensure all items were dated when received and dated when opened. The DM indicated she should have been checking to ensure items were dated. A policy titled Food Storage dated 5/18 indicated all		The Dietary Manager has educated dietary staff on Kingston Policy on Food Storage, including dating products when opened. The Administrator/Designee will complete a Quality Assurance Audit to ensure compliance with dating of opened foods, weekly for 4 weeks, bi-weekly for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted at the time of audit. The Audit findings will be reported to the QA Committee and will be reviewed at the QA Quarterly Meeting for 6 months.	

refrigerated and frozen foods should be covered, labeled, and dated.

Based on observation, interview, and record review, the facility failed to ensure food items were dated when opened. 36 of 36 residents ate food prepared from the facility kitchen.

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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 SIGNATURE	TITLE	(X6) DATE