STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155479	A. BUILDING 00 B. WING	09/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KINGSTON CARE CENTER OF FORT WAYNE	1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00385686 and IN00386757. Complaint IN00385686 - Unsubstantiated due to lack of evidence. Complaint IN00386757-Substantiated. No deficiencies related to the allegations are cited. Referral made to appropriate agency. Survey dates: August 29, 20, 31, September 1, and 2, 2022 Facility number: 000522 Provider number: 155479 AIM number: 100267040 Census Bed Type: SNF/NF: 62 SNF: 47 Total: 109 Census Payor Type: Medicare: 29 Medicaid: 59 Other: 21 Total: 109 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed September 6, 2022	F 0000		
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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Bldg. 00	§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to ensure a resident received showers or bed baths as scheduled for 1 of 5 resident reviewed. (Resident 32). Findings include: In an interview on 8/29/22 at 11:18 AM, Resident 32 indicated he was not getting showers or being shaved consistently. Resident 32's hygiene did not have an odor, but did have facial hair stubble. On 8/31/22 at 2:40 PM, Resident 32's record was reviewed. Diagnosis included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting his left side, diabetes mellitus type 2, congenital deformity of fingers and hand, diffuse traumatic brain injury and acquired absence of right leg below knee. Resident 32's comprehensive Minimum Data Set (MDS) dated 6/28/22 was reviewed. The MDS indicated the resident's Brief Interview for Mental Status (BIMS) score was 15, he was alert, oriented and interviewable. The MDS assessment indicated he was totally dependent for bathing and required a one-person physical assist for personal hygiene support. In an interview on 9/2/22 at 11:35 AM, Resident 32 indicated he was scheduled for a shower or bed bath on Monday and Thursday weekly. A review of Resident 32's care plan, last reviewed	F 0677	This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Kingston Care Center of Fort Wayne agrees with the allegations and citations listed on the statement of deficiencies. Kingston Care Center of Fort Wayne 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 Care Center of Fort Wayne'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 Care Center of Fort Wayne reserves all possible contentions and defenses in any civil or criminal actions or proceeding. Please accept the date of correction 09/22/22, as the facility's credible allegation of compliance. We respectfully request paper compliance. F 677 It is the policy of Kingston Care Center of Fort Wayne to	09/22/2022

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	7/21/22, indicated he was an assist with shower twice weekly or per the resident's preference. Resident 32's Bathing/Shower Schedule history indicated the resident's bathing/showers were scheduled on Monday and Thursday during the first shift. A review of Resident B's bathing records for 7/3/22 through 8/27/22 lacked documentation of any refusal of showers by the resident. The resident's bathing records for 7/3/22 through 8/27/22 indicated the following: 7/3/22 - 7/9/22 7/4 Shower with fingernails/toenails cleaned and shave per shower sheet 7/10/22 - 7/16/22 7/11 at 1:59 PM Shower per task list 7/14 Bed Bath with shampoo and shave per shower sheet 7/17/22 - 7/23/22 7/18 at 1:53 PM Shower per task list 7/22 Bed Bath with fingernails/toenails cleaned, shampoo and shave per shower sheet 7/24/22 - 7/30/22 7/25 Shower with fingernails/toenails cleaned, shampoo and shave per shower sheet 7/31/22 - 8/6/22 No documentation provided on shower sheet or task list 8/7/22 - 8/13/22 No documentation provided on shower sheet or task list 8/14/22 - 8/20/22 8/15 Bed Bath with fingernails/toenails cleaned and shave per shower sheet 8/18 at 1:59 PM Bed Bath per task list 8/21/22 - 8/27/22 8/22 Shower with		provide residents who are unable to carry out activities of daily living with the necessary services to maintain personal hygiene, including bathing/showering, according to resident choice/preference. Although the 4 of the 5 residents reviewed received showers or bed baths as schedule, the surveyor identified 1 resident/of 5 was identified to have 10 of 16 scheduled showers/bed baths from 7/3/22 through 8/27/22. It is unknown if resident refused. One (1) resident was affected, but deficient practice could potentially affect all residents/customers and house wide audit performed. Kington Care Center of Fort Wayne will implement the following showering/bathing to address the individual resident's choice/preferences for bathing/showering. House audit has been completed and care plans updated to reflect each resident's shower/bathing preferences. Nursing Staff in-serviced on proper documentation of either showers/bed baths given and/or refusals, and where to find the schedule for each individual resident. QA will be responsible for oversight of appropriate documentation of showers/bed	

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	fingernails/toenails cleaned, shampoo and shave per shower sheet 8/25 Bed bath with fingernails/toenails cleaned, shampoo and shave per shower sheet Resident 32 received ten of the sixteen showers/bed baths he should have received from 7/3/22 through 8/27/22. On 9/1/22 at 9:26 AM, a current procedure titled "Shower/Tub Bath," dated 9/2021, provided by the DON, indicated the following documentation should be recorded in resident's records: time/date of the shower/bath performed, name and title of individual who assisted resident, all assessment issues, how resident tolerated shower/bath, if the resident refused and the signature and title of the person recording the documentation. 3.1-38(a)(3)		baths completed. A Quality Assurance Audit has been created to ensure our corrective measures stay corrected. The Director of Nursing/Designee will complete the QA auditing process 3 times per week for 4 weeks, 2 times per week for 4 weeks, and 1 time per week for 4 months. Any Corrections will be made immediately. All findings will be reported to the Administrator and reviewed at the QA Monthly Meeting Monthly for 6 months and quarterly thereafter. Date of Compliance: 9/22/22	