## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  KINGSTON CARE CENTER OF FORT WAYNE  CALLD STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 14825  CALLD SHAMARY STATEMENT OS DEPICINCIES TAG  CRUB SHAMARY STATEMENT OS DEPICINCIES  SEACH DEPICENCY MOST BE PRECEDED BY PULL REGULATORY OR I.SC IDENTIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  Paper compliance to the Annual Recertification and State Licensure review and the Investigation of complaints INDO413266, and IND0412674 completed on August 29, 2023  Facility number: 000522 Provider number: 155479 AIM number: 100267040  Kingston Care Center of Fort Wayne was found to be in compliance with 42 CFR Part 483. Subpart B and 410 LG, 152-3.1, in regard to the paper review to the Recertification and State Licensures survey and the Investigation of complaints.  ABBORATORY DIRECTORS OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE  STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 4825  INPART OF MOST WAYNE, IN 4825  SUBPART B AND	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  KINGSTON CARE CENTER OF FORT WAYNE  (A4) D  SPECIAL  S			455470					
ININGSTON CARE CENTER OF FORT WAYNE    SUMMARY STATEMENT OF DEPICIENCIES   CEACH DEPICIENCY MUST BE PRECEDED BY PULL   TAG   PROPERTY AND OF CORRECTION SHOULD BE COMPANIAN IN THE APPROPRIATE   COMPANIAN IN THE APPROPR	L			D. WING				
CAN   D   SILMMANY STATEMENT OF EFFICIENCIES   D   PROVIDERS PLAN OF CORRECTION   COMPLETIVE PREFER   TAG   CECHO DEPRICE ACTION SHOULD BE COMPLETIVE ACTION SHOULD BE C	NAME OF PROVIDER OR SUPPLIER							
(CH) ID SUMMARY STATEMENT OF DEFICIENCISES (EACH DEFICIENCY MUST BE PRECEDED BY TRUL. TAG PREFIX TAG PROPERTY ARE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY TRUL. TAG PREFIX TA	KINGSTON CARE CENTER OF FORT WAYNE							
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  Paper compliance to the Annual Recertification and State Licensure review and the Investigation of complaints IN00413266, and IN00412674 completed on August 8, 2023  Review Date: August 29, 2023  Facility number: 000522  Provider number: 155479  AlM number: 100267040  Kingston Care Center of Fort Wayne was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification and State Licensure survey and the Investigation of complaints.					FORT WAYNE, IN 46825			
Paper compliance to the Annual Recertification and State Licensure review and the Investigation of complaints IN00413266, and IN00412674 completed on August 8, 2023  Review Date: August 29, 2023  Facility number: 000522  Provider number: 155479  AIM number: 100267040  Kingston Care Center of Fort Wayne was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16,2-3.1, in regard to the paper review to the Recertification and State Licensure survey and the Investigation of complaints.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	X (EACH CORRECTIVE A CROSS-REFERENCED T	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
and State Licensure review and the Investigation of complaints IN00413266, and IN00412674 completed on August 8, 2023  Review Date: August 29, 2023  Facility number: 000522  Provider number: 155479  AIM number: 100267040  Kingston Care Center of Fort Wayne was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 162-31, in regard to the paper review to the Recertification and State Licensure survey and the Investigation of complaints.	{F 000}	INITIAL COMMENTS		{F 0	000}			
AROBATORY DIRECTOR'S OR REQUIRED IED REDESENTATIVE'S SIGNATURE		and State Licensure of complaints IN0041 completed on August Review Date: Augus Facility number: 0008 Provider number: 158 AIM number: 100267 Kingston Care Cente to be in compliance w Subpart B and 410 IA paper review to the R Licensure survey and	review and the Investigation 3266, and IN00412674 8, 2023 tt 29, 2023 522 5479 040 r of Fort Wayne was found with 42 CFR Part 483, AC 16.2-3.1, in regard to the Recertification and State					
LAPORATORY DIRECTOR'S OF REQUIRED FEDERALITY OF SIGNATURE								
	LABORATORY	DIRECTORIS OF PROVINCES!	CLIDDLIED DEDDECENTATIVEIC CLONATUS	) DE	TITLE			(Y6) 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.

Facility ID: 000522