

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

PRINTED: 06/10/2025
FORM APPROVED
OMB NO. 0938-039

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 05/15/2025	
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	<p>This visit was for the Investigation of Complaints IN00456678, IN00458140 and IN00458555.</p> <p>Complaint IN00456678 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458140 - Federal/State deficiencies related to the allegations are cited at F585.</p> <p>Complaint IN00458555 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14 and 15, 2025</p> <p>Facility number: 000522 Provider number: 155479 AIM number: 100267040</p> <p>Census Bed Type: SNF/NF: 71 SNF: 32 Total: 103</p> <p>Census Payor Type: Medicare: 13 Medicaid: 70 Other: 20 Total: 103</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 16, 2025</p>			F 0000	<p>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.</p> <p>Please accept the date of correction 05/30/2025, as the facility's credible allegation of compliance. We respectfully request paper compliance.</p> <p>"" p=""> "" p=""></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alicia Holifield

HFA

06/05/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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 0585 SS=D Bldg. 00	<p>483.10(j)(1)-(4) Grievances</p> <p>Based on observation, interview and record review, the facility failed to ensure grievances were thoroughly investigated, contained required documentation, and appropriate corrective actions taken for 1 of 3 residents reviewed with grievances (Resident Q).</p> <p>Findings include:</p> <p>A report, dated 4/23/25, alleged Resident Q was rushed and handled roughly during personal care provided by Certified Nurse Aide (CNA) 2.</p> <p>On 5/14/25 at 12:55 P.M., Resident Q's record was reviewed. Diagnoses included hemiplegia (paralysis) and hemiparesis (weakness) following a stroke affecting the right side.</p> <p>A nurse note, dated 4/6/25 at 1:26 p.m., indicated Resident Q had arrived to the facility from the hospital. She was alert, oriented and able to make her needs known to staff. She'd had a recent stroke with expressive aphasia (difficulty speaking fluently) and paralysis on the right side. She reported having some pain on her "entire right side". She required assistance of 1 with completing her activities of daily living (ADL).</p> <p>A respiratory therapy note, dated 4/10/25 at 9:55 a.m., indicated Resident Q was to receive assistance with using her incentive spirometer but</p>		F 0585	<p>="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""></p> <p>It is the policy and practice of Kingston Care Center of Fort Wayne for residents residing in the facility to be able to voice grievances without discrimination or reprisal. Resident Q no longer resides at the facility at the time of review.</p> <p>All residents residing in have the potential to be by deficient practice. The facility conducted audits of meeting notes for months of April of May to concerns. No adverse outcomes noted deficient practice.</p> <p>Measures put into place to ensure systemic changes included re-education of facility policies with to the grievance process and location of grievance concern forms. Employees will receive ongoing education and will be able to demonstrate understanding of policy elements.</p> <p>Social service director, or , will audit by record review, and grievance documentation of resident concerns requiring</p>		05/30/2025	

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	<p>used grievance forms, located outside the door of the SSD for residents, staff, families or visitors to use to convey grievances.</p> <p>On 5/15/25 at 3:20 P.M., the Director of Nursing (DON) was interviewed regarding care concerns of Resident Q, reported on 4/10/25. She indicated she wasn't sure if a formal grievance had been written but she and the Unit Manager followed up with the resident and her daughter on 4/11/25. The resident had indicated CNA 2 had rushed her and pulled on her right/paralyzed side while providing care. Resident Q indicated she hadn't been hurt but was rushed. The DON indicated she didn't know why there had been no follow up documentation in the resident's record to indicate the grievance had been addressed promptly or actions taken to prevent further violation of the resident's rights while the grievance/concern was investigated.</p> <p>During an observation on 5-14-25 through 5-15-25, no grievance or concern forms were readily available at common area, nurse's stations or at the SSD office.</p> <p>A current copy of the facility policy, titled "Grievance Policy/Grievance Officer", was provided by the Administrator on 5/15/25 at 3:15 P.M., and stated: "[Facility] ensures the right of residents, and the resident representative to voice and have prompt resolutions to their grievance...maintains a formal policy when the Grievance Officer (GO) is approached...The Grievance Officer is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility...Other concerns are addressed via the concern form and if there is not resolution the</p>						

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	concern will be brought to the GO by the resident or resident representative...3. If there is a grievance that needs to be given to the GO, the GO will lead the investigation. This will be tracked on the tracking log. 4. The Grievance Officer will follow up with the person who brought forward the concern in approximately 72 hours following review of the concern...After the investigation the GO will issue final decision to the resident and/or representative...." This Citation relates to Complaint IN00458140. 3.1-7(a)(2)						