STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	04/19/2024

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: April 18, and 19, 2024 Facility number: 003000 Residential Census: 34 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 19, 2024	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 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.	
R 0298 Bldg. 00	410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well			

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

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	as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on record review and interview the facility failed to ensure a medication pharmacy review was completed for 1 of 5 residents reviewed. (Resident 6). Findings include: Resident 6's record was reviewed on 4/18/24 at 12:25 PM. Diagnoses included rheumatoid arthritis, late onset Alzheimer's disease, dementia, cognitive communitive deficit, and delusional disorders. Resident 6's current service plan dated 4/26/22 titled medication management indicated the resident would benefit from medication management with staff assistance. Interventions included the staff would order, store, and administer Resident 6's medication. The service plan indicated the staff would watch for any drug reactions and act promptly if observed to prevent harm to the resident. A pharmacy consultation report, dated 8/1/23 through 8/31/23, indicated Resident 6 received methotrexate 17.5 milligram (mg) weekly for rheumatoid arthritis but did not receive folic acid supplements. The pharmacy report indicated low dose folic acid supplements, 7 mg per week, had been reported to significantly reduce the adverse events of methotrexate (e.g. gastrointestinal, oral sores) and the rate of methotrexate discontinuation. The pharmacy report	R 0298	It is the policy of Kingston at Dupont to ensure that all pharmacy recommendations are given to the appropriate NP/MD to be processed, consistent with the professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Resident #6 medication recommendation was reviewed by NP and hospice. Hospice and NP did not agree with pharmacy recommendations and discontinued the suggested medication for Resident #6. Current residents receiving medication reviews and recommendations by our Omnicare consult pharmacist will be reviewed by the DON/Designee to ensure the pharmacy recommendation is printed and presented to the NP/MD in a timely manner to be addressed. The DON/Designee will print the pharmacy recommendations the day they are presented by the pharmacist and place them in a 'pharmacy recommendation' binder to present to the appropriate NP/MD within a timely	05/31/2024

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	recommended Resident 6 be prescribed folic acid 1 mg every day. Resident 6's pharmacy consultation report, dated 8/1/23 through 8/31/23, was not signed or dated by a Nurse Practitioner (NP) or Medical Doctor. Resident 6's progress notes from 8/1/23 to 12/1/23 lacked documentation a NP or Medical Doctor reviewed and responded to the pharmacy consultation report recommendations. In a progress note, dated 10/20/23 at 1:12 PM, the Registered Dietician 2 recommended folic acid 1 mg daily (7 mg per week) for Resident 6. No physician order could be located for folic acid 1mg in Resident 6's current or discontinued orders from 8/1/23 through 4/18/24. In an interview on 4/18/24 at 2:45 PM the Director of Nursing (DON) indicated when pharmacy consultation reports were received, the facility placed the reports at the nurse's station for the nurse to give to the NP for review. He indicated the NP was in the facility every Tuesday. The DON indicated the NP reviewed the pharmacy consultant report, determined changes to resident's medication(s), and entered an order if needed. The DON indicated the NP had not addressed the pharmacy consultant report, dated 8/1/23 through 8/31/23, regarding Resident 6's folic acid recommendation and the facility had not followed up with the NP. The DON indicated the Registered Dietician had recommended adding folic acid 1mg daily to Resident 6's medication regime in a progress note dated 10/20/23 and the facility had not followed up. A current policy, dated 8/22/22, titled		manner. The DON/Designee will monitor compliance by reviewing whether the pharmacy recommendations were accepted or denied and documented by the NP/MD. The DON/Designee will complete a Quality Assurance Audit for all pharmacy recommendations that are completed 3 times per week for 4 weeks, 1 time per week for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted. The DON/Designee will report all findings to the Administrator. The Administrator will report all findings to the QA Committee and will be reviewed at the QA Monthly Meeting for 3 months and quarterly thereafter.	

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	"Communication of Medication Regimen Reviews" ,provided by the DON on 4/19/24 at 10:01 AM, indicated the facility would work with the consultant pharmacist's observations and recommendations regarding the residents' medication therapy. The policy indicated the observations and recommendations would be communicated to those with authority and/or responsibility in the facility to implement the recommendations and respond in an appropriate and timely fashion.			
R 0410 Bldg. 00	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on interview and record review the facility failed to ensure a two-step tuberculosis test was completed according to guidelines for 2 of 5 residents reviewed. (Resident 3 and Resident 5).	R 0410	It is the policy of Kingston at Dupont to ensure that all two step Mantoux test are completed upon admission within the guidelines in	05/31/2024

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	Findings include: 1) Resident 3's record was reviewed on 4/18/24 at 11:42 AM. Diagnoses included Alzheimer's with late onset, metabolic encephalopathy, altered mental status, and age-related physical debility. An Immunization Audit Report for Resident 3 dated 4/18/24 indicated a first step tuberculin skin test (TST) was administered on 7/23/23 at 3:36 PM. The test was recorded as read on 7/31/23 at 2:12 PM, 8 days later. The report indicated a second step TST was administered on 8/2/23 at 9:25 AM and read on 8/4/23 at 10:39 AM. No additional testing records were available for review. 2) Resident 5's record was reviewed on 4/18/24 at 10:37 AM. Diagnoses included Alzheimer's disease, chronic gout, major depressive disorder, and essential hypertension. An Immunization Audit Report for Resident 5 dated 4/18/24 indicated a first step TST was administered on 4/10/24 at 10:35 AM. The TST was recorded as read on 4/18/24 at 10:12 AM, 8 days later. In an interview on 4/18/24 at 2:41 PM, the Director of Nursing (DON) indicated Resident 3's first step TST was not in compliance. He indicated the test should have been read within 24- 48 hours. He indicated the two- step process should have been restarted when the first step was not read on time. He indicated late reading of a test could result in a false-negative result. A current policy titled Tuberculosis Assessment		accordance with currently accepted professional principals and include the appropriate reading of tests within the timeline of the admission two step Mantoux skin test. Resident #3 and Resident #5 two-step Mantoux skin tests were restarted by DON/Designee on 4/29/2024 to ensure compliance of being administered correctly and read within 48-72 hours for the first and second steps. Current residents being admitted to the facility will be reviewed by the DON/Designee to ensure that all new admissions will receive a two-step Mantoux skin test within the required timeline to ensure compliance. Licensed nursing staff were educated on 5/2/22024 by the DON/Designee on the process of documenting the admission two step Mantoux within compliance. The DON/Designee will monitor new admissions for compliance by reviewing Mantoux skin test administration and completion of reading the results to ensure compliance. The DON/Designee will complete a Quality Assurance audit for all new admissions 3 times per week for 4 weeks, 1 time per week for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted. The DON/Designee will report all	

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	and Screening dated 8/24/22 provided by the DON indicated each resident should be screened for tuberculosis infection and disease. When using a two-step tuberculosis skin test, the test should be read 48 to 72 hours after administration.		findings to the Administrator. The Administrator will report all findings to the QA Committee and will be reviewed at the QA Monthly Meeting for 3 months and quarterly thereafter.	