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	12/22/2023

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 the Investigation of Complaint IN00422127. Complaint IN00422127 - Federal/state deficiencies related to the allegations are cited at F692 and F812. Survey date: December 22, 2023. Facility number: 000522 Provider number: 155479 AIM number: 100267040 Census Bed Type: SNF: 41 SNF/NF: 69 Total: 110 Census Payor Type: Medicare: 26 Medicaid: 63 Other: 21 Total: 110 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 22, 2023	F 0000	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 01/17/2024, as the facility's credible allegation of compliance. We respectfully request paper compliance.	
F 0692 SS=E Bldg. 00	483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Pamela Grabbe	RN-DON	01/09/2024

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	(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review the facility failed to ensure meal consumption percentage was documented for 4 of 4 residents reviewed (Resident B, Resident D, Resident E and Resident F). Findings include: 1. A record review was completed for Resident B on 12/21/23 at 12:33 PM. Resident B's point of care charting, dated 11/22/23 - 12/20/23 indicated meal consumption percentage was not documented for the following dates and meals: 11/23/23: no lunch or supper documentation 11/24/23: no supper documentation 11/26/23: no breakfast or supper documentation 12/1/23: no supper documentation	F 0692	It is the policy and practice of Kingston Care Center of Fort Wayne to maintain nutrition and hydration status for residents residing in the facility. Residents B, D E and F reviewed for adverse outcomes related to missing meal consumption documentation. No adverse outcomes identified. All residents residing in facility that receive meals from dietary department have the potential to be effected by deficient practice.Facility conducted audits of meal consumption records of all other residents that receive meals from dietary services. No adverse outcomes noted to deficient	01/12/2024

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	12/2/23: no supper documentation 12/3/23: no breakfast documentation; lunch documentation indicated resident was not available 12/4/23: no lunch or supper documentation 12/5/23: no breakfast or supper documentation 12/6/23: no supper documentation 12/8/23: no supper documentation 12/12/23: no supper documentation 12/15/23: no supper documentation 12/16/23: no supper documentation Resident B's progress notes, dated 11/22/23 - 12/20/23, were reviewed. There was no documentation regarding meal consumption or indication the resident was not available for meals. 2. A record review was completed for Resident D on 12/21/23 at 12:30 PM. Resident D's point of care charting, dated 11/22/23 - 12/20/23, indicated meal consumption percentage were not documented for the following dates and meals: 11/24/23: no supper documentation 12/1/23: no supper documentation 12/3/23: no lunch documentation 12/4/23: no supper documentation 12/7/23: no breakfast documentation 12/8/23: no supper documentation 12/9/23: no supper documentation 12/10/23: no supper documentation 12/12/23: lunch documentation indicated resident was not available 12/15/23: no lunch documentation 12/18/23: no breakfast documentation 12/19/23: no breakfast documentation Resident D's progress notes, dated 11/22/23 - 12/20/23, were reviewed. There was no documentation regarding meal consumption or		practice. Measures put into place to ensure systemic changes included re-education of staff regarding facility policies with respect to recording of meal intakes by staff development nurse on 12/27/23. Employees will receive ongoing education and will be able to demonstrate understanding of policy elements. DON, or designee, will audit by record review, 10 residents of random selection—for documentation of meal consumption. This audit will be completed weekly for 8 weeks, then bi-weekly for 8 weeks, then monthly for 2 months. Any discrepancies will be reported to the QAPI committee and additional education provided as identified on an individual basis. QAPI committee to review audits for pattern/trend and continue recommendations for ongoing improvement. We respectfully request paper compliance. Date of Completion: 1/12/2024	

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	indication the resident was not available for meals. 3. A record review was competed for Resident E on 12/21/23 at 12:37 PM. Resident E's point of care charting, dated 11/22/23 - 12/20/23, indicated meal consumption percentage was not documented for the following dates and meals: 11/24/23: no supper documentation 11/25/23: no supper documentation 11/30/23: no breakfast or lunch documentation 12/3/23: no lunch documentation 12/4/23: no breakfast or supper documentation 12/6/23: no lunch documentation 12/7/23: no breakfast or lunch documentation 12/8/23: no supper documentation 12/9/23: no supper documentation 12/10/23: no supper documentation 12/13/23: no lunch documentation 12/14/23: no breakfast documentation 12/15/23: no lunch documentation 12/19/23: no breakfast documentation Resident E's progress notes, dated 11/22/23 - 12/20/23, were reviewed. There was no documentation regarding meal consumption or indication the resident was not available for meals. 4. A record review was completed for Resident F on 12/21/23 at 12:27 PM. Resident F's point of care charting, dated 11/22/23 - 12/20/23, indicated meal consumption percentage was not documented for the following dates and meals: 11/25/23: no supper documentation 12/3/23: no lunch documentation 12/9/23: no supper documentation 12/10/23: no breakfast or lunch documentation 12/11/23: no breakfast or lunch documentation 12/14/23: no breakfast documentation			

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	12/17/23: no breakfast or supper documentation; the breakfast documentation indicated resident was not available 12/18/23: no supper documentation 12/19/23: no breakfast documentation Resident F's progress notes, dated 11/22/23 - 12/20/23, were reviewed. There was no documentation regarding meal consumption or indication the resident was not available for meals. During an interview on 12/21/23 at 12:03 PM, Registered Nurse (RN) 2 indicated when a resident ate their meal in their room the Certified Nursing Aide (CNA) documented the resident's meal consumption percentage. RN 2 indicated when a resident ate their meal in the dining room, the dietary staff documented the resident's meal consumption percentage. During an interview on 12/21/23 at 1:05 PM, CNA 3 indicated she documented meal consumption percentage for the residents who ate their meals in the room. CNA 3 indicated when the resident ate in the dining room, the dietary staff documented the resident's meal consumption percentage. During an interview on 12/21/23 at 1:18 PM, the Administrator indicated the CNA documented meal consumption percentage for the residents who ate their meals in their room. The Administrator indicated the dietary staff documented meal consumption percentage for the residents who ate their meal in the dining room. The Admininstrator also indicated the department heads monitored the documentation. A current policy, dated July 2018, titled "Recording Precent of Meal Consumed," was provided by the Administrator on 12/21/23 at 1:59			

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	PM. The policy indicated staff documented meal consumption percentage for residents. This citation relates to Complaint IN00422127. 3.1-46(1)			
F 0812 SS=E Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview and record review the facility failed to ensure sanitation procedures were followed. 108 of 110 residents residening in the facility ate their meals prepared from the kitchen. Findings include:	F 0812	It is the policy and practice of Kingston Care Center of Fort Wayne to provide Food procurement, store/prepare and serve in a sanitary manner All residents residing in facility that receive meals from dietary department have the potential to	01/12/2024

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	1. During an observation on 12/21/23 at 9:23 AM, there were 4 pots/pan and 3 baking dishes stacked with moisture visible in between the dishes. In an interview on 12/21/23 at 9:23 AM, Cook 4 indicated there shouldn't be moisture between dishes. During a continuous observation on 12/21/23 at 10:56 AM-10:58 AM, Dietary Aide 7 removed plate covers from the dishwasher, stacked the covers then placed the stack in the serving line. The plate covers were still wet. Dietary Aide 7 was observed removing cups from the dishwasher, stacked the cups onto a tray. The cups were observed to still be wet. Dietary Aide 5 grabbed the tray of cups and placed the tray on a cart to transport to another dining room. In a interview on 12/21/23 at 10:57 AM, Dietary aide 5 indicated the cups were still wet. Dietary aide 5 indicated it was okay to use the wet cups to serve in the other dining room. In an interview on 12/21/23 at 10:58 AM, Dietary Manager indicated all dishes should be air dried prior to use. Dietary Manager also indicated wet dishes should not be used. During a continuous observation on 12/21/23 at 11:09 AM-11:47 AM, there were multiple wet plates and plate covers being used to serve food. In an interview on 12/21/23 at 11:13 AM, Cook 6 indicated the plates were wet as the plates were just cleaned. Cook 6 indicated it was okay to use wet plates to serve food on. 2. During an observation on 12/21/23 at 11:22 AM,		be effected by deficient practice. Facility removed wet pots, pans and dishes from serving area, rewashed and allowed to air dry. Cook 6 educated on dietary infection control practices. Education provided by dietary manager and DON on 12/29/23. No adverse outcomes identified. Measures put into place to ensure systemic changes included re-education of dietary related to facility policies with respect to complete air drying of dishes prior to utilization, appropriate hand hygiene and glove usage during food service. Education provided by DON and dietary service manager on 12/29/23. Employees will receive ongoing education and will be able to demonstrate understanding of policy elements. Administrator, or designee, will audit kitchen for wet dishes, appropriate glove usage, hand hygiene. This audit will be completed weekly for 8 weeks, then bi-weekly for 8 weeks, then monthly for 2 months. Any discrepancies will be reported to the QAPI committee and additional education provided as identified on an individual basis. QAPI committee to review audits for pattern/trend and continue recommendations for ongoing improvement. We respectfully request paper compliance.	

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	Cook 6 donned gloves on both hands, obtained a plate, grabbed a skillet handle, walked away, returned with bag of bread and placed the bag on the stove. Cook 6 then dished up a plate of chicken and grabbed a knife. Cook 6 then grabbed the chicken with her gloved hands and cut the chicken up. Cook 6 then grabbed the chicken with the same gloved hands and placed the chicken back on the plate and placed the plate on the tray. Another dietary aide placed the tray in the hall cart. Cook 6 did not use hand hygiene or change her gloves during the observation During an interview on 12/21/23 at 11:30 AM, Cook 6 indicated her gloved hands were still clean. In an interview on 12/21/23 at 1:18 PM, the Administrator indicated 108 residents received food from the kitchen. A current policy, dated April 2014, titled "Cleaning Dishes - Dish Machine," was provided by the Administrator on 12/21/23 at 12:44 PM. The policy indicated to allow dishes to dry on racks and prior to putting away inspect for dryness. A current policy, dated April 2022, titled "Dietary Infection Control," was provided by the Administrator on 12/21/23 at 12:44 PM. The policy indicated all staff should wash their hands in an unsanitary condition, such as dirty dishes This citation relates to Complaint IN00422127. 3.1-21(i)(3)		Date of Completion: 1/12/2024	