

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155479	(X2) MULTIPLE CONSTRUCTION A. Building 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 CODE 1010 W Washington Center Rd Fort Wayne, IN 46825	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>37147</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 had refused due to being upset about how the CNA had gotten her up.</p> <p>A nurse note, dated 4/10/25 at 11:12 a.m., indicated Resident Q's daughter had gone to the nurses station to speak with the nurse about the morning care her mother had received from CNA 2. The nurse immediately went to the resident's bedside to check on her where no bruising or other concerns were observed. Management was notified.</p> <p>There was no follow up documentation in the medical record after Resident Q's daughter had expressed care concerns on 4/10/25 through the resident's discharge from the facility on 4/23/25.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/14/25 at 1:30 P.M., the Social Services Director (SSD) was interviewed. She indicated the facility hadn't used grievance forms and when a concern was brought to a staff members attention, staff were to address the issue at the time. When asked, the SSD was unsure of how the facility was tracking grievances or concerns to ensure prompt efforts were being made to resolve the grievance, prevent further potential violations, and ensure appropriate corrective actions were taken while the grievance/concern was being reviewed. The SSD indicated she had no concerns or grievances reported to her for the month of April or May.</p> <p>On 5/15/25 at 3:15 P.M., the Administrator was interviewed and a current copy of the facility policy for grievances provided. The Administrator indicated the SSD was the facility's designated Grievance Officer who was responsible for overseeing the grievance process, receiving and tracking grievances through to conclusion and leading any necessary investigations by the facility. The Administrator indicated the facility 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 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</p> <p>This Citation relates to Complaint IN00458140.</p> <p>3.1-7(a)(2)</p>		