

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 08/26/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on observation, interview, and record review the facility failed to ensure a dignified dining experience for 5 of 20 residents reviewed (Resident 49, Resident 76, Resident 77, Resident 82, and Resident 100).</p> <p>Findings include:</p> <p>During an observation on 8/21/24 at 12:46 PM, Resident 49, Resident 76 and Resident 82 were seated together at a table. Resident 49 and two unidentified residents had plates of food in front of them, but Resident 76 and Resident 82 had not yet been served. [NAME] 8 served trays to each table where other residents were waiting before taking lunch orders for Residents 76 and 82. Resident 76 and Resident 82 were served lunch at 1:18 pm. Resident 49 did not engage in eating tasks until her tablemates were served. Resident 49 indicated her food had become cold while she waited to eat.</p> <p>During an observation and interview on 8/21/24 at 1:19 PM, Resident 77 picked up plates, glasses and silverware from tables, placing them in a large dishpan on top of a cart. Resident 77 propelled herself by grabbing the tables where residents were seated while they were eating their lunch, and grabbed the handle on Resident 49's wheelchair, pulling the wheelchair forward. Resident 77 indicated she was trying to help the staff because they were running behind. She indicated she was concerned the room would not be cleared in time for the BINGO activity to start as scheduled at 2:00 PM. Resident 77 approached Resident 100 asking if she could clear his dishes from the table. Resident 100 had an irritated facial expression, shook his head, and indicated he did not understand what Resident 77 was trying to prove. [NAME] 8 spoke to Resident 100 and indicated Resident 77 was just trying to help. Resident 77 approached Resident 49, Resident 76 and Resident 82 and began taking their plates and silverware without asking. Resident 76 and Resident 82 had not had time to complete eating their desserts.</p> <p>In an interview on 8/21/24 at 1:24 PM, Dietary Aide 7 indicated residents should be served table by table. If residents arrive late, they should be worked in as soon as possible, before beginning service to an unserved table.</p> <p>In an interview on 8/21/24 at 1:27 PM, [NAME] 8 indicated trays are served on a first come, first serve basis.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 8/22/24 at 10:25 AM, the Director of Nursing indicated residents at a table should be served at the same time. She indicated any late arriving residents should be worked in as soon as possible rather than serving in order of arrival.</p> <p>In an interview on 8/23/24 at 9:21 AM, Resident 76 indicated she had bussed tables in the dining room to help the staff before. She indicated no training or oversight was provided. In the same interview, Resident 82 indicated residents bussing table in the dining room was not an unusual occurrence. She indicated residents frequently help when short staffing occurs.</p> <p>1) Resident 49's record was reviewed on 8/23/24 at 1:01 PM. Diagnoses included major depressive disorder, unspecified dementia, moderate, with other behavioral disturbance, and generalized anxiety disorder.</p> <p>Resident 49's current quarterly, Minimum Data Set (MDS) dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was 8 (cognitively impaired).</p> <p>2) Resident 76's record was reviewed on 8/23/24 at 1:40 PM. Diagnoses included major depressive disorder recurrent severe without psychotic features, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and dysphagia following cerebral infarction.</p> <p>Resident 76's current quarterly MDS dated [DATE] indicated indicated her Basic Interview for Mental Status score not available due to not being assessed. Resident 76's quarterly MDS dated [DATE] indicated her BIMS score was 15 (cognitively intact).</p> <p>3) Resident 77's record was reviewed on 8/23/24 at 10:15 AM. Diagnoses included hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side, unspecified psychosis not due to a substance or known psychological condition, and generalized anxiety disorder.</p> <p>Resident 77's current quarterly MDS dated [DATE] indicated her BIMS score was 15 (cognitively intact).</p> <p>4) Resident 82's record was reviewed on 8/23/24 at 12:36 PM. Diagnoses included chronic kidney disease, stage 3, unspecified, generalized anxiety disorder, and essential hypertension.</p> <p>Resident 82's current quarterly MDS dated [DATE] indicated her BIMS score was 15 (cognitively intact).</p> <p>5) Resident 100's record was reviewed on 8/23/24 at 12:42 PM. Diagnoses included unspecified fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing, displaced fracture of body of scapula left shoulder, subsequent encounter for fracture with routine healing, multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing.</p> <p>Resident 100's current Admission MDS dated [DATE] indicated his BIMS score was 14 (cognitively intact).</p> <p>A current policy titled SNF Meal Service and Distribution provided by the Administrator on 8/22/24 at 2:30 PM indicated meals should be distributed to residents promptly and the dining room should be cleaned after each meal. The policy did not indicate each meal should be served table by table.</p> <p>(continued on next page)</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>46818</p> <p>Based on interview and record review the facility failed to ensure formulation of an advanced directive after admission for 1 of 1 residents reviewed. (Resident 30)</p> <p>Findings include:</p> <p>Resident 30's record was reviewed on 8/21/24 at 9:40 AM. Diagnoses included respiratory failure, Parkinson's disease, and type 2 diabetes with chronic kidney disease.</p> <p>A review of Resident 30's current quarterly Minimum Data Set (MDS) indicated their Basic Interview for Mental Status (BIMS) score was 14 (cognitively intact).</p> <p>A review of Resident 30's current care plan, dated 8/14/24, titled Resident and family have chosen a DNR order, indicated Resident 30 would not have life-saving measures performed, and all caregivers would be informed of code status.</p> <p>A review of physician orders dated 8/21/24 at 11:00 AM indicated Resident 30's DNR order was discontinued 8/14/24, and not reinstated until 8/21/24.</p> <p>A review of progress notes dated 8/20/24 indicated Resident 30 declined to decide an advanced directive status upon readmission from hospital on 8/19/24.</p> <p>In an interview on 8/21/24 at 10:30 AM, the Administrator indicated code status should be found in physician orders and care plan. If code status is not there then the resident would be assumed to be full code.</p> <p>In an interview on 8/21/24 at 12:45 PM, the DON (Director of Nursing) indicated the resident came back from the hospital on 8/19/24 and was unsure what code status he wanted. Advance Directive documents presented at 12:45 PM indicated Resident 30's code status was updated to DNR on 8/21/24 at 12:00 PM.</p> <p>A current policy dated 8/21/24 provided by the DON indicated the facility would determine whether the resident had executed advanced directives, and whether the resident would like a DNR order issued while in the facility.</p> <p>3.1-4(d)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on interview, and record review the facility failed to ensure all Minimum Data Set (MDS) sections were completed for 2 of 32 residents reviewed (Resident 76, and Resident 66).</p> <p>Findings include:</p> <p>1) Resident 76's record was reviewed on 8/23/24 at 1:40 PM. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, major depressive disorder, recurrent severe without psychotic features, and prediabetes.</p> <p>Resident 76's current quarterly MDS dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was not completed. Each question in the BIMS assessment was answered not assessed.</p> <p>In an interview on 8/26/24 at 8:30 AM, the Director of Therapy indicated the therapy department was responsible for the completion of the MDS section C for all MDS assessments for all residents. He indicated a problem with completion was identified and the department heads began reviewing MDS assessments in the morning meeting each day around two weeks ago.</p> <p>In an interview on 8/26/24 at 8:45 AM, the MDS Coordinator 6 indicated he was aware of several occurrences of Section C of the MDS not being completed or not be completed timely. He indicated this had been an issue for several months. He indicated the MDS department should receive completed MDS sections from all departments by the end of the business day on the Assessment Reference Date.</p> <p>45243</p> <p>2) Resident 66's record was reviewed on 8/20/24 at 11:04AM. Resident 66 was admitted on [DATE]. An admission MDS dated [DATE] did not have a BIMS score assessment. completed.</p> <p>In an interview on 8/21/24 at 1:35 PM, Resident 66 indicated he was able to carry on a conversation. Resident 66 was giving fact-based responses and was showing use of reasoning skills. Resident 66 recalled information given at the beginning of interview with ease and was able to explain and demonstrate his answers appropriately.</p> <p>A Performance Improvement Plan (PIP) from the facility regarding comprehensive assessment and timing provided by the MDS coordinator on 8/26/24 at 9:17AM, indicated the facility had a meeting on 5/16/24, 6/14/24, and 8/9/24. The target end date for the PIP was 8/17/2024. The last activity documented an intervention was discussed on 8/23/24, however, the intervention was not listed.</p> <p>The Resident Assessment Instrument (RAI) manual dated October 2023 indicated the following: CMS's RAI Version 3.0 Manual CH 3: MDS Items [C] Page C-1 SECTION C: COGNITIVE PATTERNS Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information and whether the resident has signs and symptoms of delirium. These items are crucial factors in many care-planning decisions.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current policy titled MDS Completion Guidelines dated 8/26/24 provided by MDS Coordinator 6 on 8/26/24 at 9:17 AM did not provide guidelines for completion of each MDS section.</p> <p>An undated document titled MDS Parts, provided by MDS Coordinator 6 on 8/26/24 at 9:17 AM indicated the therapy department was responsible for completing BIMS scoring for the MDS completion.</p> <p>A policy and procedure titled MDS Completion Guidelines dated April 2014, indicated .1. MDS Nurses are to complete every MDS within seven (7) days of the assessment date</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45243</p> <p>Based on interview and record review the facility failed to identify and initiate plans to mitigate trauma informed care for 1 of 1 resident reviewed. (Resident 66)</p> <p>Resident 66's record review began on 8/20/24 at 11:04AM. Diagnoses included heart disease, depression, and Post Traumatic Stress Disorder (PTSD).</p> <p>Resident 66's Trauma Screening Questionnaire dated 7/30/24, was not completed on admission.</p> <p>Resident 66 did not have a plan of care in place to minimize or alleviate triggers, no PTSD related triggers were identified. Resident 66 had a care plan related to alteration in amount of sleep secondary to insomnia. The insomnia was not identified as a sign or symptom of his PTSD.</p> <p>There were no progress notes to indicate family had collaborated to assist in identifying PTSD triggers. Prior to admission, Resident 66 lived at home with his wife.</p> <p>There were no progress notes to indicate counseling or talk therapy had been attempted.</p> <p>Resident 66's admission Minimum Data Set (MDS) dated [DATE] was not fully completed. Section C for BIMS (Brief Interview of Mental Status) indicated the resident had not been completely assessed. The assessment did not include assessment through staff interview. Section D for mood was not completed. Section I for Diagnosis did indicate depression nor PTSD.</p> <p>In an interview, on 08/21/24 at 01:35PM, Resident 66 talked about his time in the Vietnam war. He discussed his ongoing sickness from agent orange. He stated, my hands are useless, so am I. Resident 66 was crying yet easily consoled. Resident 66 expressed feelings of gratitude of the time spent with him. He indicated his wife would visit twice a week. Other than her visits, no one attempted to understand him.</p> <p>In an interview, on 8/21/24 at 2:18PM Social Services Director (SSD) 5 indicated she did not understand why Resident 66's BIMS score was not completed. She indicated therapy was responsible for Section C of MDS. She explained Resident 66 only triggered for sleep disturbance on the trauma assessment. She further explained the team felt by talking to Resident 66 further they may upset him, so they only care planned him for sleep disturbance. SSD 5 was unable to identify Resident 66's PTSD triggers. SSD 5 was unable to identify why the mood section D was not completed because SSD 5 was responsible for Section D.</p> <p>In an interview, on 08/22/24 at 10:26 AM, the Director of Nursing (DON) indicated Resident 66 would not talk to us about it. The management team had discussed the resident in behavior meeting on 8/22/24 and discussed a referral to the psychologist since he wasn't comfortable discussing the PTSD with staff. Resident 66 would not tell the facility what his PTSD triggers were. She indicated Resident 66 should have been care planned for the PTSD diagnosis and watched for any signs of triggers. The DON indicated she was unsure if the family had been contacted regarding the PTSD or any triggers they may have been aware of.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy titled, Trauma-Informed Care, dated October 2022 was received 8/22/24 at 12:16PM by SSD 5. The policy indicated .trauma informed care in accordance with professional standards of practice and accounting for residents' preferences to eliminate or mitigate triggers that may cause re-traumatization of the resident. To determine if the resident is currently experiencing trauma or is at risk the Trauma Screening Questioner will be completed on all resident at the time of admission and as needed during the stay. 1) Ensure that appropriate staff is trained to provide support to residents with a trauma related diagnosis .2) Trauma Screening will be completed by LSW (Licensed Social Worker) upon admission .3) The LSW to provide support and care plan interventions upon admission and throughout resident stay and educate other staff as needed .</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>45243</p> <p>Based on observation, interview, and record review the facility failed to ensure pureed food was prepared to guideline specifications. 5 of 5 residents requiring pureed diets consumed food prepared by the dietary staff. (Resident 5, Resident 10, Resident 27, Resident 39, and Resident 68).</p> <p>In an observation followed by an interview, on 8/20/24 at 11:16AM, [NAME] 8 identified a pan of meat with charred spots, and sticking to wax paper as pork tenderloin. [NAME] 8 took 8 varied size pieces of the meat and put into the grinder adding 3 soup ladles of gravy. [NAME] 8 was shaking the grinder and then using a spatula to wipe the sides. [NAME] 8 added 1 additional ladle of gravy. There was no recipe visible. [NAME] 8 indicated she was unable to determine the measurement of soup ladle. [NAME] 8 asked [NAME] 7 if there was a recipe for the pork tenderloin puree. [NAME] 7 located the recipe book. The book did not include the recipe for tenderloin puree. The kitchen manager was surprised the recipe did not include puree. He indicated he would locate a recipe and bring it for review along with a policy later in the day.</p> <p>On 8/20/24 at 1:16PM, the Administrator provided the production recipe for pork tenderloin roasted pureed thick. Yield was 20 portions. [NAME] 8 was yielding 6 so she would have cut this and done 1/3. The recipe called for 3lbs and 12 ounces of roasted pork tenderloin, 1 1/3 cup beef base, 1 quart hot water, and 1/2 cup food thickener. [NAME] 8 used 8 breaded pork tenderloin patties (no weight was measured on the patties). The patties were not similar in style to the pork tenderloin being served to other residents. In lieu of hot water, beef base and thickener, [NAME] 8 used gravy. The gravy was not measured, and she did not use thickener, so the consistency of the puree was not uniform.</p> <p>1) Resident 5's record was reviewed, on 8/20/24 at 9:16AM, diagnoses included respiratory disease, heart disease, dementia, and dysphagia. Resident 5 had an order for pureed/dysphagia thin consistency, dated 12/6/23.</p> <p>2) Resident 10's record was reviewed, on 8/20/24 at 9:21AM, diagnoses included heart disease, lung diseases, dementia, and dysphagia. Resident 10's diet order was pureed/dysphagia, thin consistency, dated 12/30/23.</p> <p>3) Resident 27's record was reviewed, on 8/23/24 at 9:26AM, diagnoses included stroke, diabetes, heart disease, dementia, and dysphagia. Resident 27's was ordered blenderized texture thin consistency, dated 6/8/23.</p> <p>4) Resident 39's record was reviewed, on 8/23/24 at 9:52AM, diagnoses included Alzheimer's, adult failure to thrive, and dysphagia. Resident 39's diet order was blenderized texture, nectar thick consistency, dated 12/17/22.</p> <p>5) Resident 68's record was reviewed, on 8/23/24 at 9:58AM, diagnoses included malnutrition, heart disease, dementia, and dysphagia. Resident 68 had an order pureed/dysphagia thin consistency diet, dated 10/30/23.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A policy and procedure titled, Use of Recipes, dated April 2014 was received from the Administrator on 8/22/24 at 12:16PM. The policy indicated recipes were to be used when preparing menu items.</p> <p>3.1-21(a)(3)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on observation, interview, and record review the facility failed to ensure a sanitary environment for dining in the crown dining room. 20 residents of 108 residents residing in the facility consumed meals in the crown dining room.</p> <p>Findings include:</p> <p>During an observation and interview on 8/21/24 at 1:19 PM, Resident 77 picked up plates, glasses and silverware from tables, placing them in a large dishpan on top of a cart. No gloves were worn, and no hand hygiene was observed. A white fluffy substance was observed on Resident 77's hand, consistent in appearance to the mashed potatoes served at the lunch meal. Resident 77 propelled herself by grabbing the tables where residents were seated. She grabbed the handle on Resident 49's wheelchair and pulled her wheelchair forward. Resident 77's hands still contained remnants of white fluffy residue. She had not utilized had hygiene. [NAME] 8 indicated Resident 77 liked to help, but she was not capable of maintaining sanitation standards. [NAME] 8 indicated she had difficulty stopping Resident 77 from bussing the tables because she was busy serving other residents and she was the only employee in the dining room.</p> <p>In an interview on 8/23/24 at 9:21 AM, Resident 76 indicated she had bussed tables in the dining room to help the staff before. She indicated no training or oversight was provided. In the same interview, Resident 82 indicated residents bussing tables in the dining room was not an unusual occurrence. She indicated residents frequently help when short staffing occurs. She indicated no training about hand washong had been provided.</p> <p>1) Resident 49's record was reviewed on 8/23/24 at 1:01 PM. Diagnoses included major depressive disorder, unspecified dementia, moderate, with other behavioral disturbance, and generalized anxiety disorder.</p> <p>Resident 49's current quarterly, Minimum Data Set (MDS) dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was 8 (cognitively impaired)</p> <p>2) Resident 76's record was reviewed on 8/23/24 at 1:40 PM. Diagnoses included major depressive disorder recurrent severe without psychotic features, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and dysphagia following cerebral infarction.</p> <p>Resident 76's current quarterly MDS dated [DATE] indicated her indicated her Basic Interview for Mental Status score not available due to not being assessed. Resident 76's quarterly MDS dated [DATE] indicated her BIMS score was 15 (cognitively intact)</p> <p>3) Resident 77's record was reviewed on 8/23/24 at 10:15 AM. Diagnoses included hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side, unspecified psychosis not due to a substance or known psychological condition, and generalized anxiety disorder.</p> <p>Resident 77's current quarterly Minimum Data Set (MDS) dated [DATE] indicated her Basic Interview for Mental Status) BIMS score was 15 (cognitively intact).</p> <p>(continued on next page)</p>		

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 08/26/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 77's current care plan titled .displays manipulative behavior .indicated the resident had a problem of needing diversional activities, with a goal date of 10/22/24. Interventions included removing Resident 77 from the public area when behavior was disruptive and providing a diversional activity.</p> <p>Resident 77's current care plan titled .choices are important .indicated Resident 77 wanted to do therapeutic work, such as collecting dirty dishes with a goal date of 10/22/24. Interventions included educating the resident and family on infection control policy.</p> <p>4) Resident 82's record was reviewed on 8/23/24 at 12:36 PM. Diagnoses included chronic kidney disease, stage 3, unspecified, generalized anxiety disorder, and essential hypertension.</p> <p>Resident 82's current quarterly MDS dated [DATE] indicated her BIMS score was 15 (cognitively intact).</p> <p>In an interview on 8/22/24 at 10:25 AM, the Director of Nursing (DON) indicated education on hand hygiene, instructions to not interfere with others while they eat and sanitation principles for Resident 77 was not available for review. The DON indicated she could not recall when her appropriateness to perform bussing activities was last reviewed.</p> <p>A current policy titled Policies and Practices - Infection Control dated August 2019 provided by the Administrator on 8/20/24 at 10:30 AM indicated the facility's policies and procedures are intending to facilitate maintaining a safe, sanitary and comfortable environment to help prevent and manage transmission of diseased and infections. The policy indicated infection control policies and practices apply equally to all personnel, residents and visitors. The policy indicated training should occur when indicated. The policy indicated having an objective of maintaining a safe, sanitary and comfortable environment.</p> <p>3.1-18(a)</p>		