

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365646	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Kingston of Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Amberwood Pkwy Ashland, OH 44805	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45753</p> <p>Based on interviews and record review, the facility failed to complete the medical record and accurately document the clinical status for one resident (Resident #105) of four resident's sampled. The census was 101.</p> <p>Findings Include:</p> <p>Review of the medical record for Resident #105 revealed an admitted [DATE] with diagnoses including anemia, type two diabetes, paroxysmal atrial fibrillation, congestive heart failure, protein calorie malnutrition, macular degeneration, spinal stenosis, presence of cardiac pacemaker, chronic kidney disease stage three, and cardiomyopathy. Resident #105 expired on [DATE].</p> <p>Review of the vital sign record on [DATE] revealed Resident #105's vital signs were documented as blood pressure ,d+[DATE]; temperature was 97.4; pulse was 66; respirations 18; oxygen saturation 95% on room air. No vital signs were documented on [DATE].</p> <p>Review of physician orders revealed an order to monitor residents confusion and altered mental status, if it progresses, daughter would like resident sent to the Emergency Department (ED) for evaluation, two times a day for monitor for confusion for four administrations, dated [DATE] at 5:29 P.M.</p> <p>Review of the medical record on [DATE] revealed no documented clinical assessments for Resident #105.</p> <p>Interview on [DATE] at 4:35 P.M., Registered Nurse (RN) #150 stated Resident #105's vital signs had been completed and communicated to the facility Nurse Practitioner by way of telephone. RN #150 confirmed medical documentation for vital signs or assessments were not recorded in the electronic medical record on [DATE].</p> <p>Interview on [DATE] at 5:05 P.M. with the Administrator and Director of Nursing (DON), both confirmed no vital sign documentation was recorded for Resident #105 on [DATE].</p> <p>Review of the facility policy titled Change in a Resident's Condition or Status dated [DATE], revealed the nurse supervisor/charge nurse will record the residents medical record information relative to changes in the residents medical/mental condition or status.</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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