

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/09/2026
NAME OF PROVIDER OR SUPPLIER  Kingston Court Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 Kingston Court York, PA 17402	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, clinical record review, and staff interviews, it was determined that, in accordance with professional standards and practices, the facility failed to ensure that the resident's medical record was complete and accurately documented for one of the three resident records reviewed (Resident 2). Findings Include: Review of the facility's policy, titled Code Status Orders, effective [DATE], read, Code status communicates to the clinical staff whether the patient desires cardiopulmonary resuscitation (CPR) in the event of cardiopulmonary arrest. Review of Resident 2's clinical record revealed diagnoses that included hypertension (elevated blood pressure), a history of falls, and malignant neoplasm of the bladder ([bladder cancer] is a common, often smoking-related, malignancy of the bladder lining that causes blood in urine, pain, and frequent urination), with an admission date to the facility on [DATE]. Review of Resident 2's admission physician's order summary revealed documentation of a DNR status, effective [DATE]. A Do Not Resuscitate (DNR) order is a legally binding medical document signed by a physician that instructs healthcare providers not to perform cardiopulmonary resuscitation (CPR) if a patient's heart stops or they stop breathing. It focuses solely on CPR, allowing a natural death rather than artificial, invasive, prolonged life. Review of Resident 2's interdisciplinary plan of care, initiated on [DATE], that read, in part, Residents and family's wishes will be honored . Full Code .start CPR if cardiac arrest. Review of the Social Services Director's (Employee 8) progress notes dated [DATE], read, Advance directive reviewed, Full Code. An interview with the Nursing Home Administrator on [DATE], at 1:15 PM, revealed that the facility recently performed a code status audit of all residents and will complete another audit to ensure the accuracy of the clinical record. The interview also confirmed Resident 2's code status was a DNR, and the clinical record documentation of the full code status was not accurate. 28 Pa. code 211.12 (d) (2) (5) Nursing services</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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