

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395037	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2024
NAME OF PROVIDER OR SUPPLIER: KINGSTON COURT SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2400 KINGSTON COURT YORK, PA 17402		
STATE LICENSE NUMBER: 026302				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0684 SS=D	Based on an Abbreviated Survey completed on December 3, 2024, it was determined that Kingston Court Skilled Nursing and Rehabilitation Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency (s) herein. To remain in compliance with all federal and state regulations, the facility has taken, and will take, the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been, or will be corrected by the date or dates indicated. The facility is committed to taking all actions necessary to remain in substantial compliance with state and federal regulations. The plan of correction addresses our intention to promote care for our residents which enhances their dignity and is designed to meet their interests and promote the highest practicable level of physical, mental, and psychosocial well-being. Resident 5 appointment was rescheduled and resident was transported	Completion Date: 12/17/2024 Status: APPROVED Date: 12/09/2024

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F 0684 SS=D	Continued from page 2	F 0684	<p>Residents with scheduled transport in the last week will be audited to ensure they were transported to their appointments.</p> <p>Director of nursing / Designee will educate licensed staff on Ftag 0684 quality of care, focusing on arranging transports to appointments.</p> <p>Audits of 5 random residents with scheduled appointments will be completed by unit managers /designee per week for 4 weeks to ensure transports are arranged. Results of the audits will be reviewed by the QAPI committee for recommendations.</p>	

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F 0684 SS=D	Continued from page 3 Based on policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for one of five residents reviewed (Resident 5). Findings Include: A review of the facility's policy, titled "Transportation and Escort: Patient", effective April 1, 2003, read, in part, "Centers will arrange for ambulance and other appropriate transportation services to provide transportation of patients/residents (hereinafter 'patient') for scheduled appointments as well as emergencies." The policy continued, "Center staff will provide assistance in scheduling transportation for patients who need transportation outside of the Center (doctor's appointments, etc.)." A review of Resident 5's clinical record revealed diagnoses that included muscle weakness and ileus	F 0684		

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F 0684 SS=D	<p>Continued from page 4</p> <p>(also known as paralytic ileus or pseudo-obstruction, is a condition where the intestines are blocked and stop working properly. It occurs when the muscles in the intestines stop squeezing to move food and waste through the body).</p> <p>A review of Resident 5's physician's orders revealed a documented telephone order dated October 11, 2024, that read "...Gastroenterology Associates 11/15/2024 @ 1400 [2:00 PM]."</p> <p>A review of Resident 5's progress notes revealed a note dated November 18, 2024, written by the Certified Registered Nurse Practitioner (CRNP), that read " Of note she [Resident 5] was scheduled to ... GI [Gastrointestinal] on 11/15/2024, however, transportation was not set up and the appointment was rescheduled in December."</p> <p>An interview with Resident 5 on December 2, 2024, at 11:01 AM, revealed the CRNP was able to reschedule the appointment on November 22,</p>	F 0684		

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F 0684 SS=D	Continued from page 5 2024, instead of waiting until December 2024. An interview with the Nursing Home Administrator on December 2, 2024, at 11:35 AM, confirmed the facility missed scheduling transportation to Resident 5's appointment on November 15, 2024. 28 Pa. Code 211.12 (d) (1) (5) Nursing services	F 0684		
F 0689 SS=D		F 0689		

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F 0689 SS=D	Continued from page 6 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	Resident 2 had no ill effect for not having an escort to his appointment Residents with scheduled transport in the last week will be audited to ensure residents who needed escorts were escorted to their appointments Director of nursing / Designee will educate licensed staff on Ftag 0689 free of accident/Hazard/Supervision/Devices focusing on residents escorts to appointments. Audits of 5 random residents with scheduled appointments will be completed by unit managers /designee per week for 4 weeks to ensure residents who need escorts have arranged escorts. Results of the audits will be reviewed by the QAPI committee for recommendations.	Completion Date: 12/17/2024 Status: APPROVED Date: 12/09/2024

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F 0689 SS=D	Continued from page 7 Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure each resident receives adequate supervision to prevent accidents for one of five residents reviewed (Resident 2). Findings Include: A review of the facility's policy, titled "Transportation and Escort: Patient", effective April 1, 2003, read, in part, "Centers will arrange for ambulance and other appropriate transportation services to provide transportation of patients/residents (hereinafter 'patient') for scheduled appointments as well as emergencies." The policy continued, Center staff will provide assistance in scheduling transportation for patients who need transportation outside of the Center (doctor's appointments, etc.). Staff may escort patients, if needed..." A review of Resident 2's clinical record revealed diagnoses that included obstructive uropathy (a	F 0689		

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F 0689 SS=D	<p>Continued from page 8</p> <p>condition that occurs when urine is unable to drain normally through the urinary tract, resulting in a backup of urine and potential kidney damage) and chronic kidney disease (a condition where the kidneys gradually lose their ability to filter blood properly).</p> <p>A review of Resident 2's interdisciplinary plan of care revealed a problem area, initiated on October 16, 2024, that read, "Resident/patient is at risk for elopement related to wandering." Also, "Resident/patient will not attempt to leave the facility without an escort..."</p> <p>Continued review of Resident 2's plan of care revealed a problem area, initiated October 10, 2024, that read, "Resident is at risk for falls: cognitive loss, lack of safety awareness."</p> <p>A review of Resident 2's physician orders summary revealed an order dated October 14, 2024, that read, "Wander Guard/Wander Elopement device due to poor safety awareness."</p>	F 0689		

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F 0689 SS=D	Continued from page 9 A Wander Guard is described as "a technology platform that helps keep at-risk patients and residents safe while allowing them to move around freely. It uses a combination of bracelets, sensors, and a technology platform to monitor and alert staff if a patient or resident tries to leave a safe area." A review of Resident 2's interdisciplinary progress notes revealed documentation of an out-of-facility urology consult appointment dated October 7, 2024. An interview with the Nursing Home Administrator on December 2, 2024, at 1:25 PM, revealed Resident 2 was not accompanied or escorted by facility staff for the out-of-facility urology appointment. The interview revealed the Nurse Aide (Employee 3) assigned to be the escort remained at the facility due to a miscommunication. The interview also revealed Resident 2 should not have been left unattended at the appointment and without a staff escort.	F 0689		

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F 0689 SS=D	Continued from page 10 28 Pa. Code 201.18 (b) (1) Management 28 Pa. Code 211.12 (d) (1) (5) Nursing services	F 0689			



Certified End Page

KINGSTON COURT SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 026302

SURVEY EXIT DATE: 12/03/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY