

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED <b>03/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF FORT WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP COD <b>7515 WINCHESTER RD FORT WAYNE, IN 46819</b>
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 6 &amp; 7, 2023</p> <p>Facility number: 001135</p> <p>Residential Census: 39</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 8, 2023</p>	R 0000	<p>This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Kingston Residence of Fort Wayne agrees with the allegations and citations listed on the statement of deficiencies. Kingston Residence of Fort Wayne maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Kingston Residence of Fort Wayne's written credible allegations of compliance. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Kingston Residence of Fort Wayne reserves all possible contentions and defenses in any civil or criminal actions or proceeding. Please accept the date of correction of 3/26/23 as the facility's credible allegation of compliance. We respectfully request paper compliance for all deficiencies in the following plan of correction.</p>	
R 0217	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<b>Hugo Mata</b>	<b>Executive Director</b>	<b>03/28/2023</b>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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Bldg. 00	<p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure service plans were reviewed and signed for 7 of 7 residents reviewed (Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, and Resident 8).</p> <p>Findings include:</p> <p>1. Resident 2's record was reviewed on March 6, 2023 at 10:15 A.M. Resident 2's diagnoses included Alzheimer's disease, macular</p>	R 0217	<p>It is the practice of Kingston Residence of Fort Wayne to complete service plans for all residents.</p> <p>The Service Plans for residents 2, 3, 4, 5, 6, 7, 8, identified by surveyor, had Service Plans completed, but Service Plans had not been signed by the residents</p>	03/26/2023

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	<p>degeneration, hearing loss, hypothyroidism, chronic pain, major depressive disorder, and osteoarthritis.</p> <p>Resident 2's service plan was completed on March 10, 2020. The document did not contain a signature and date of the resident or responsible party.</p> <p>2. Resident 5's record was reviewed on March 6, 2023 at 10:45 A.M. Resident 5's diagnoses included hypertension, edema, gastro-esophageal reflux disease, osteoarthritis, and cardiac arrhythmia.</p> <p>Resident 5's service plan was completed on May 4, 2018. The document did not contain a signature and date of the resident or responsible party.</p> <p>3. Resident 6's record was reviewed on March 6, 2023 at 2 P.M. Resident 6's diagnoses included osteoarthritis, hypothyroidism, irritable bowel syndrome, general anxiety disorder, and atrial fibrillation.</p> <p>Resident 6's service plan was completed on June 7, 2021. The document did not contain a signature and date of the resident or responsible party.4. Resident 3's record was reviewed on March 6, 2023 at 1:35 PM. Diagnoses included Parkinson's disease, acute on chronic diastolic congestive heart failure, type 2 diabetes mellitus with unspecified complications, and neuromuscular dysfunction of the bladder, unspecified.</p> <p>Resident 3's service plan was completed on May 27, 2022. A copy of the service plan, provided by the Administrator on March 7, 2023 at 2:10 PM, did not contain a designated area for dates and signatures of staff and the resident or responsible</p>		<p>or the Kingston Residence team. This deficient practice had the potential to affect all residents.</p> <p>To correct the deficiency, all resident Service Plans have been reviewed, in coordination with Residents and/or Responsible Party, and verified and approved by resident with signature, or scheduled for completion.</p> <p>A schedule to accommodate all reviews has been implemented: (see attachment A). The schedule accommodates all reviews and choice appointment times. The Service plan policy has been updated to include service plans for Residents as a new admission, a minimum of semi-annual, and with substantial condition changes. (See attachment B). The Executive Director has been educated Service Plan requirements (See attachment C).</p> <p>To prevent a , DON will submit a schedule of Service Plan Review dates to Executive Director. The DON/Designee is responsible for printing and reviewing the PCC Evaluation Scheduling Report for</p>	

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	<p>party. The document was not dated and signed by the resident or the responsible party.</p> <p>5. Resident 4's record was reviewed on March 6, 2023 at 3:05 PM. Diagnoses included essential (primary) hypertension, cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery, and type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema.</p> <p>Resident 4's service plan was completed on December 3, 2022. A copy of the service plan, provided by the Administrator on March 7, 2023 at 2:10 PM, indicated a designated area for dates and signatures of staff and the resident or responsible party on page 5 of the document. The document was not dated and signed by the staff or resident or the responsible party.</p> <p>6. Resident 7's record was reviewed on March 7, 2023 at 10:30 AM. Diagnoses included essential (primary) hypertension, type 2 diabetes mellitus with diabetic polyneuropathy, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Alzheimer's disease, unspecified, neuralgia and neuritis, unspecified.</p> <p>Resident 7's service plan was completed on December 1, 2022. A copy of the service plan, provided by the Administrator on March 7, 2023 at 2:10 PM, did not contain a designated area for dates and signatures of staff and the resident or responsible party. The document was not dated and signed by the staff or resident or the responsible party.</p> <p>7. Resident 8's record was reviewed on March 7,</p>		<p>Resident Level of Care Evaluation, Weekly, to ensure Service Plan Reviews are being completed, and submission to Executive Director. Any findings will be addressed at the time and re-education will be conducted.</p> <p>Administrator/Designee will complete a Quality Assurance Audit to ensure compliance with service plans weekly for 4 weeks, bi-weekly for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted. The Administrator/Designee will report all findings to the QA Committee and will be reviewed at the QA Quarterly Meeting for 6 months. (See attachment D).</p>	

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	<p>2023 at 1:15 PM. Diagnoses included neurocognitive disorder with Lewy bodies and chronic kidney disease, unspecified.</p> <p>Resident 8's service plan was completed on February 2, 2023. A copy of the service plan, provided by the Administrator on March 7, 2023 at 2:10 PM, did not contain a designated area for dates and signatures of staff and the resident or responsible party. The document was not dated and signed by the staff or resident or the responsible party.</p> <p>In an interview on March 7, 2023 at 11:05 AM, the Director of Nurses (DON) indicated he completed a resident level of care evaluation with Resident 3 on November 24, 2022 which indicated an increase in level of care required by Resident 3. The DON indicated Resident 3's service plan was updated but not signed by the resident or responsible party at that time. The DON indicated Resident 3's daughter would be coming in today to sign Resident 3's service plan. The DON indicated Resident 3 had not been billed for the increase in level of services. A copy of the November 24, 2022 service plan was not obtained by the surveyor.</p> <p>In an interview on March 7, 2023 at 12:21 PM, the DON indicated he met with a resident and /or resident representative prior to admission to establish the level of care the resident required and any additional services or equipment needed. The DON indicated he completed a Resident Level of Care Evaluation which indicated the services the facility would provide to the resident. The DON indicated the Level of Care Evaluation was used to generate the resident's service plan which was reviewed with the resident or representative along with an explanation of who would provide</p>			

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	<p>the care and how to reach the staff for assistance. The DON indicated the resident's service plan was based on the care the resident requested to receive from the facility. The DON indicated the resident or representative have not been asked to sign the service plans. The DON indicated level of care evaluations are completed on admission, semiannually and if the resident has a change. The evaluations were reviewed with the resident or representative, but a signature was not required unless there was a change in level of care. A level of service document, reflecting a change in what the resident was billed, was signed if the resident had a change in the level of care the facility was to provide. The DON indicated service plans were updated if there was a change on the level of care evaluation.</p> <p>In an interview on March 7, 2023 at 12:46 PM, the Administrator indicated the facility did not have a policy for service plans. The Administrator indicated the facility follows state guidelines. The Administrator provided a document, titled Service Plan Overview, at the time of the interview. The Service Plan Overview document indicated the procedure for creating a service plan from the items triggered on the Care Level Evaluation.</p>			