

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 03/10/2020
NAME OF PROVIDER OF SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interviews the facility failed to ensure 9 of 14 resident rooms on the 400 hall had flooring which was free of scuff marks, stains and gouging on the walls. Findings include: Observation on [DATE]20 at 1:30 p.m. of resident rooms indicated the following: room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. Resident area 407-1 had a urine stain on the floor below the area the catheter bag was hanging from the bed frame. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. Dark colored scuff marks were also noted on the floor in the resident room area. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The bathroom had stains along the baseboards and corners and large wax stains in the middle area of the floor. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The stains were also noted in the bathroom. room [ROOM NUMBER] had dark colored stains on the floor along the baseboards and corners. The walls in the bathroom were noted to have gouges in the drywall. Interview on [DATE]20 with alert and oriented residents who reside on the 400 hall indicated the following: Resident A indicated the floor was dirty. Resident A stated they do not clean the rooms on the weekends or empty the trash. Resident B indicated the room was not clean. Resident B stated look at the floor, see for yourself. Resident D indicated the room was not clean. Resident D stated the floor was dirty. Resident E indicated they had lived at the facility for 4 years in the same room and the floor has been stained the whole time. On 3/11/2020 at 2:00 pm interview with the Administrator indicated she had had put in a Capital Expenditure Budget Request in January 2020 to replace resident room flooring on the 400 hall, but the facility did not have confirmation the expenditure had been approved. This federal tag is related to complaint IN 462. 3.1-19(e)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.