

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155479	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2023
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825	
(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 DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a) for the new addition of a locked unit which includes nine (9) rooms to be numbered #500-508 that each will have two (2) Comprehensive beds and four (4) rooms (#509-512) that each will have one (1) Comprehensive bed. In addition, the locked wing will have new support and common areas such as dining, activity lounge, courtyard, living room, and a private dining rom. Modifications include new walls, doors, hardware, and exit markings in the corridors, new walls, and doors to secure support areas adjacent to resident common rooms, and new openings between the nurse station and the corridor.</p> <p>Survey Date: 08/21/23</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, the locked wing and new support and common areas at the Kingston Care Center of Fort Wayne was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and with 410 IAC 16.2-3.1-19, Environmental and Physical Standards of Indiana's Health Facilities Rules for Comprehensive care facilities in regard to the Life</p>	K 000		
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.

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K 000	<p>Continued From page 1</p> <p>Safety Code and Environmental Preoccupancy Survey.</p> <p>The original one-story facility built in 1981 and the 2013 addition was determined to be of Type V (111) construction and was fully sprinklered. The one-story 2007 addition was determined to be Type II (000) and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detector in resident rooms with exception of rooms 401 through 405 which contained battery operated smoke alarms. The building is fully protected by a Bi-fuel (natural gas and diesel) powered 300 kW emergency generator. The facility has a capacity of 137 and had a census of 99 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached un-sprinklered storage building providing facility services which was used for the storage of mowing equipment.</p> <p>Quality Review completed on 08/29/23</p>	K 000			