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| 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 11/20/2025 |
| NAME OF PROVIDER OR SUPPLIER Kingston Health Center of Fort Wayne | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to follow physician orders for 1 of 4 records reviewed. (Resident B). Findings include: In an interview on 11/19/25 at 12 PM, Resident B's family indicated Resident B re-admitted to the facility on [DATE] evening from the hospital. Resident B's family indicated Resident B missed her antiseizure medication on 11/19/25 at 8 PM and 11/20/25 at 8 AM. Resident B's family indicated they were notified on 11/20/25 Resident B had a seizure on 11/20/25 at 6 PM. Resident B's family indicated they were not notified of the missed medication dosage or unavailability of medication. Resident B's family indicated when Resident B missed a dose of her antiseizure medication, Resident B had a seizure. Resident B's record was reviewed on 11/19/25 at 12:16 PM. Diagnosis included epilepsy, hemiplegia and diffuse traumatic brain injury. A Hospital Medication Administration Record (MAR), dated 10/13/25 - 10/19/25, indicated Resident B received lacosamide/vimpat (antiseizure medication) 10 mg/mL solution 200 mg every 12 hours orally on 10/19/25 at 9:46 AM and the next dosage was due 10/19/25 at 9 PM. An admission evaluation, dated 10/19/25, timestamped 8 PM - 9:12 PM, indicated Resident B had returned to the facility. Active orders, dated 10/20/25, indicated to give lacosamide oral solution 10 mg/mL - give 20 ml by mouth every 12 hours for seizure prevention. The MAR, dated 11/20/25, indicated Resident B did not receive her antiseizure medication on 11/19/25 at 8 PM nor on 11/20/25 at 8 AM. A nursing note, dated 10/20/25 at 3 PM, indicated Unit Manager (UM) 3 called the pharmacy and requested a STAT order of Resident B's antiseizure medication. A nursing note, dated 10/20/25 at 6 PM, indicated the nurse observed Resident B had a seizure and the family was notified. There was no documentation indicating the family was notified of the missed medication or unavailability of the medication. A provider note, dated 10/21/25, indicated the provider completed a medication review due to a seizure on 10/20/25. The provider indicated Resident B missed 2 doses of her anti-seizure medication, once on 10/19/25 evening and the 10/20/25 morning dose. During an interview, on 11/20/25 at 9:37 AM, the Director of Nursing (DON) and UM 3 indicated upon return from the hospital scripts are sent to the pharmacy and then delivered to the facility during 3rd shift. UM 3 and the DON indicated on 10/19/25 Resident B arrived at the facility late evening and the facility did not have Resident B's antiseizure medication in the emergency kit. UM 3 indicated on 10/20/25 around 3 PM, he was notified Resident B's antiseizure medication had not arrived at the facility yet. UM 3 indicated he then called the pharmacy for a STAT order. UM 3 indicated Resident B had a seizure on 10/20/25 around 6 PM. In an interview, on 11/20/25 at 10:38 AM, Licensed Practical Nurse (LPN) 4 indicated upon admission the nurse entered the discharge orders from the hospital. LPN 4 indicated another nurse would review the orders entered. LPN 4 indicated when a medication was not given due to unavailability the Nurse Practitioner and family were notified. A policy dated, October 2024, titled Pre-Admission/admission process, was provided by the Administrator on 11/20/25 at 10 AM. The policy indicated that all orders are entered prior to the resident arriving at the building and the primary physician is (continued on next page) | | |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 155479 | Facility ID: 155479 If continuation sheet Page 1 of 4 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>contacted to verify the orders. After verification of orders the medication list should be sent to the pharmacy. This finding relates to Intake 2653113.3.1-37</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on interview, observation and record review the facility failed to follow sanitation methods to maintain a clean environment in the kitchen area. 107 of 107 residents who resided in the facility ate food prepared in the kitchen. Findings include: During an observation, on 11/19/25 at 10:20 AM, 22 plus live gnats were observed in the dining room corner, on the opposite wall from the dishwasher. There were 3 carts covered in dried yellow and white liquid. There were also 3 carts of leftover food from breakfast waiting to be washed. During an interview, on 11/19/25 at 10:21 AM, the Dietary Manager (DM) indicated pest control had treated the gnats and it had resolved. The DM indicated there had been increased cleaning of the area and the carts were cleaned nightly. The DM indicated there was no documentation for nightly cart cleaning. The DM indicated the carts observed in the dining room had not been cleaned nightly based on appearance. During an interview, on 11/19/25 at 10:37 AM, the Maintenance Director indicated the pest control company had treated the area for gnats last week. A pest control log was provided by the Maintenance Director on 11/19/2025 at 10:37 AM. The log indicated on 10/31/25 pest control observed fruit flies in the kitchen area. On 11/13/25, the log indicated drain flies were found in the kitchen sinks, there was food over the dishwasher area and the kitchen/dining room area needed improved sanitation. During an interview, on 11/20/25 at 10 AM, the Administrator indicated the carts were not cleaned nightly as required. The Administrator indicated the area should have been cleaned to maintain sanitation and prevent pests. There was no documentation of regular cleaning to the area or carts. A current policy, dated 10/2024, titled Cleaning and Disinfection of Environment, was provided by the Administrator on 11/20/25 at 10 AM. The policy indicated surfaces and floors were cleaned on regular basis and when visibly soiled. A current policy, dated 9/2019, titled Cleaning Food Carts, was provided by the Administrator on 11/20/25 at 10 AM. The policy indicated the food carts were cleaned and sanitized after each use and meal. This finding relates to Intake 2651582.3.1-21(i)(3)</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on interview, observation and record review the facility failed to follow sanitation methods to prevent pests. 107 of 107 residents who resided in the facility ate food prepared in the facility kitchen. Findings include: During an observation on 11/19/25 at 10:20 AM, 22 plus live gnats were observed in the dining room corner, on the opposite wall of the dishwasher. There were 3 carts covered in dried yellow and white liquid. There were also 3 carts of leftover food from breakfast waiting to be washed. During an interview on 11/19/25 at 10:21 AM, the Dietary Manager (DM) indicated pest control had treated the gnats and it had resolved. The DM indicated there had been increased cleaning of the area and the carts were cleaned nightly. The DM indicated there was no documentation for nightly cart cleaning. The DM indicated the carts observed in the dining room had not been cleaned nightly based on appearance. During an interview, on 11/19/25 at 10:37 AM, the Maintenance Director indicated the pest control company had treated the area for gnats last week. A pest control log was provided by the Maintenance Director on 11/19/2025 at 10:37 AM. The log indicated on 10/31/25 pest control observed fruit flies in the kitchen area. On 11/13/25, the log indicated drain flies were found in the kitchen sinks, there was food all over the dishwasher area and the kitchen/dining room area needed improved sanitation. There was no documentation the area had been treated again for the gnats. During an interview on 11/20/25 at 10 AM, the Administrator indicated the carts were not cleaned nightly as required. The Administrator indicated the area should have been cleaned to maintain sanitation and prevent pest. There was no documentation of regular cleaning to the area or carts. A current policy, dated 10/2024, titled Cleaning and Disinfection of Environment, was provided by the Administrator on 11/20/25 at 10 AM. The policy indicated surfaces and floors were cleaned on regular basis and when visibly soiled. A current policy, dated 9/2019, titled Cleaning Food Carts, was provided by the Administrator on 11/20/25 at 10 AM. The policy indicated the food carts were cleaned and sanitized after each use and meal. This finding relates to Intake 26515823.1-19(f)(4)</p> | | |