

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395397	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/07/2021
NAME OF PROVIDER OR SUPPLIER  Kingston Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Second Avenue Kingston, PA 18704	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0557  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>26142</p> <p>Based on a review of clinical records and resident and staff interviews it was determined that the facility failed to ensure that each resident is treated in a respectful and dignified manner as evidenced by one resident out of 15 sampled (Resident C2).</p> <p>Findings included:</p> <p>A review of the clinical record and Quarterly MDS Assessment (Minimum Data Set Assessment - a federally mandated standardized assessment completed at intervals to plan resident care) dated May 5, 2021, Resident C2's BIMS (brief interview for mental status) was 15, which indicated that the resident's cognition was intact.</p> <p>During interview with Resident C2 on July 7, 2021, at 1 p.m., the resident complained that a facility nurse aide had spoken to her inappropriately. The resident was visibly upset during the conversation with the surveyor. She stated that a few weeks ago, early in the morning, she rang her call bell for toileting assistance fro staff. She stated that a nurse aide came into her room and stated you are a joke, and everyone laughs at you when you ring your bell because you are usually dry.</p> <p>A review of a grievance form dated June 2, 2021 (no time indicated), written by the RN nursing supervisor, revealed Resident C2 stated that around 5:30 AM on June 2, 2021, Employee 3 (nurse aide) came into the resident's room to care for the resident, told the resident she is a joke and that everyone laughs at her when she rings the bell because she is always dry. The resident requested that staff receive education regarding customer service.</p> <p>A review of an employee witness statement dated June 2, 2021, (no time indicated) revealed that Employee 3 (nurse Aide) stated that she answered Resident C2's call bell twice and provided care to the resident on morning. Employee 3 stated that she didn't laugh at the resident. This statement was received verbally by telephone at 5:20 PM on June 2, 2021. The RN supervisor educated Employee 3 according to the witness statement</p> <p>There were no facility findings noted on the grievance form, but the resolution stated, education regarding customer service, resident rights to staff.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The grievance form was not signed by the capable resident, Resident C2, to indicate the resident accepted the resolution. There was also no documented evidence of the education that had been provided to Employee 3 regarding customer service or staff treatment of residents.</p> <p>During an interview July 7, 2021 at approximately 2:15 PM the Nursing Home Administrator confirmed that Employee 3 had not treated Resident C2 with dignity and respect.</p> <p>28 Pa. Code: 201.29 (a)(c)(j) Resident Rights</p> <p>28 Pa. Code: 211.12 (a)(c) Nursing Services</p>		

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<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26142</p> <p>Based on review of clinical records, select facility policy and investigative reports and staff interview, it was determined that the facility failed to assure that one resident out of 15 sampled was free of involuntary seclusion (Resident C1).</p> <p>Findings include:</p> <p>A review of the facility policy statement entitled Freedom from Abuse, Neglect and Exploitation adopted June 1, 2021, revealed that the purpose is to keep residents free from abuse, neglect and corporal punishment of any kind by any purpose.</p> <p>The facility will provide a safe resident environment and protect residents from abuse. The facility will keep residents free from abuse, neglect, misappropriation of resident property and exploitation. This includes freedom from verbal, mental, sexual or physical abuse, corporal punishment, involuntary seclusion and physical or chemical restraint not required to treat the residents medical symptoms. This protection extends to abuse by staff, consultants, contractors, volunteers, students and visitors.</p> <p>The guidelines to include:</p> <ol style="list-style-type: none"> <li>Staff will be trained in the types of abuse and neglect.</li> <li>Staff will be trained and knowledgeable in how to react and respond to resident behavior.</li> <li>For allegations of abuse, the facility will: <ol style="list-style-type: none"> <li>immediately implement safeguards to prevent further potential abuse</li> <li>immediately report the allegation to appropriate authorities</li> <li>conduct a thorough investigation of the allegation</li> <li>document and report the result of the investigation of the allegation</li> </ol> </li> <li>Staff are expected to be in control of their behavior, are to behave professionally, and understand how to work with the facility population. For example, striking a combative resident is not considered acceptable.</li> <li>Involuntary seclusion <ol style="list-style-type: none"> <li>may take many forms, including but not limited to the confinement, restriction or isolation of a resident.</li> </ol> </li> </ol> <p>1. Staff will be trained in the types of abuse and neglect.</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Staff ill be trained and knowledgeable in how to react and respond to resident behavior.</p> <p>3. For allegations of abuse, the facility will:</p> <ul style="list-style-type: none"> <li>a. immediately implement safeguards to prevent further potential abuse</li> <li>b. Immediately report the allegation to appropriate authorities</li> <li>c. conduct a thorough investigation of the allegation</li> <li>d. Document and report the result of the investigation of the allegation</li> </ul> <p>A review of the clinical record revealed that Resident C1 was admitted to the facility on [DATE]. The resident had diagnoses that included dementia (a group of symptoms which affect intellectual and social abilities severely enough to interfere with daily function), anxiety disorder and restless and agitation.</p> <p>A review of an quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment completed at specific times to identify resident care needs) dated May 13, 2021, revealed that the resident was severely cognitively impaired, required staff assistance for most activities of daily living (ADL), including the assistance of one staff for transfers, bathing, toileting and ambulation.</p> <p>A review of a facility investigation report and information submitted by the facility, dated July 4, 2021, revealed that at 9:30 PM on July 4, 2021, Employee 2 (LPN) reported to the RN supervisor that she was passing medications and observed Employee 1 (nurse aide) with his hand on the doorknob of Resident C1's room to prevent Resident C1 from leaving her room. Employee 2 asked Employee 1 to let go of the door knob to Resident C1's room and he did and then the resident came out of her room. Employee 1 was suspended pending investigation.</p> <p>A review of an employee witness statement dated July 6, 2021, no time indicated revealed this LPN (Employee 2, LPN) witnessed Employee 1 (nurse aide) escort Resident C1 back to her room, pulled the door shut and his hand was on the door knob for 10-15 seconds, holding the door shut. Resident then ambulated out of the room after this nurse (Employee 2, LPN) advised Employee 1 to let the door go.</p> <p>A review of an employee witness statement dated July 7, 2021, (no time indicated) that Employee 3 (RN supervisor on duty July 4, 2021 3 PM to 11 PM shift) revealed I was not made aware of any event that occurred.</p> <p>A review of an employee witness statement dated July 7, 2021 (no time indicated) Employee 4 (RN supervisor on duty July 4, 2021, into July 5, 2021, 11 PM to 7 AM shift) revealed made aware of incident. Had Employee 2 (LPN) write witness statement and I texted the director of nursing. Employee 1 (na) ended his shift and left the building. Employee 4 (RN supervisor) attempted to call Employee 1 (na) with no answer to immediately suspend.</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of an employee witness statement dated July 5, 2021 (no time indicated) revealed Employee 1 (na) stated I told Resident C1 to stay in her room please and then closed the door. (demonstrated softly closing the door) States he closed the door because the resident was going into other resident rooms. Resident C1 came back out of her room on her own 5 minutes later.</p> <p>Further review of facility disciplinary action form dated July 5, 2021, revealed that Employee 1 was given a three day suspension, pending the facility investigation of the incident.</p> <p>An interview with the Nursing Home Adminsitrator (NHA) and Director of Nursing on July 7, 2021, at approximately 2:30 p.m., confirmed that Employee 2 (LPN) did not timely report an allegation of abuse to her RN supervisor and Employee 1 (na) was not timely suspended from employment during the investigation into abuse of Resident C1.</p> <p>The NHA stated that Employee 1 returned to work the following day, July 5, 2021 for his scheduled next work shift. He was interviewed concerning the incident and was then suspended. The NHA also confirmed that the above noted witness statements were collected 3 days after the incident occurred.</p> <p>Interview with the Nursing Home Administrator (NHA) further confirmed that the facility failed to assure that Resident C1 was not involuntary secluded in her room by Employee 1.</p> <p>Refer F607</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.29(a)(c)(d)(j) Resident rights</p>		

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F 0607  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>26142</p> <p>Based on select facility policy review and staff interviews, it was determined that the facility failed to fully develop an abuse prohibition policy with corresponding written procedures to carry out the required components necessary to complete the defined procedures.</p> <p>Findings include:</p> <p>A review of the facility policy statement entitled Freedom from Abuse, Neglect and Exploitation adopted June 1, 2021, revealed that the purpose is to keep residents free from abuse, neglect and corporal punishment of any kind by any purpose.</p> <p>The facility will provide a safe resident environment and protect residents from abuse. The facility will keep residents free from abuse, neglect, misappropriation of resident property and exploitation. This includes freedom from verbal, mental, sexual or physical abuse, corporal punishment, involuntary seclusion and physical or chemical restraint not required to treat the residents medical symptoms. This protection extends to abuse by staff, consultants, contractors, volunteers, students and visitors.</p> <p>The guidelines to include;</p> <ol style="list-style-type: none"><li>1. Staff will be trained in the types of abuse and neglect.</li><li>2. Staff will be trained and knowledgeable in how to react and respond to resident behavior.</li><li>3. For allegations of abuse, the facility will:<ol style="list-style-type: none"><li>a. immediately implement safeguards to prevent further potential abuse</li><li>b. immediately report the allegation to appropriate authorities</li><li>c. conduct a thorough investigation of the allegation</li><li>d. document and report the result of the investigation of the allegation</li></ol></li><li>4. Staff are expected to be in control of their behavior, are to behave professionally, and understand how to work with the facility population. For example, striking a combative resident is not considered acceptable.</li><li>7. Involuntary seclusion<ol style="list-style-type: none"><li>a. may take many forms, including but not limited to the confinement, restriction or isolation of a resident.</li></ol></li></ol> <p>1. Staff will be trained in the types of abuse and neglect.</p> <p>(continued on next page)</p>		

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F 0607  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>2. Staff ill be trained and knowledgeable in how to react and respond to resident behavior.</p> <p>3. For allegations of abuse, the facility will:</p> <ul style="list-style-type: none"> <li>a. immediately implement safeguards to prevent further potential abuse</li> <li>b. Immediately report the allegation to appropriate authorities</li> <li>c. conduct a thorough investigation of the allegation</li> <li>d. Document and report the result of the investigation of the allegation</li> </ul> <p>There was no documented evidence at the time of the survey that this policy statement and check list of requirements included written procedures for implementation by staff to investigate allegations of abuse, timeframes for investigation and reporting and staff training requirements.</p> <p>During an interview July 7, 2021 at approximately 2 PM, the NHA stated that the on June 1, 2021, the facility was acquired by a new ownership company and the abuse policy was adopted as written prior to the acquisition of the facility. She confirmed that all the required components for the abuse policy were not included in the policy and there were no written procedures to carry out the steps noted on the checklist to assure timely and consistent implementation by staff.</p> <p>Refer F603</p> <p>28 Pa. Code 201.14(a)(c)(e) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)(c)(d) Resident rights</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26142</p> <p>Based on clinical record review and staff, resident interview it was determined the facility failed to provide services necessary to maintain adequate personal hygiene and/or grooming of residents dependent on staff for assistance with these activities of daily living for one out of 15 residents reviewed (Resident A1).</p> <p>Findings include:</p> <p>Review of a facility policy titled Bath-Shower with a policy review date of June 1, 2021, indicated that each resident will have a bath/shower schedule and that a resident can be bathed by a Licensed Nurse or Certified Nursing Assistant twice weekly (according to the bath/shower schedule) and as needed and to the extent possible within their preferences. Documentation must be completed in the electronic system(s) following the completion of the task and denoting the amount of assistive support needed.</p> <p>A review of the clinical record revealed that Resident A1 was admitted to the facility on [DATE], with diagnoses to have included heart failure and dementia.</p> <p>A review of Resident A1's Quarterly MDS Assessment (Minimum Data Set-a federally mandated standardized assessment process completed periodically to plan resident care) dated May 4, 2021, section G Functional Status indicated that the resident was independent with bathing and showers with set up help only. Additionally, section G0120A - Bathing: self-performance, was coded that the activity itself did not occur.</p> <p>Resident A1 ' s Comprehensive person-centered Care Plan that was initiated on June 20, 2021, revealed a resident focus that the resident had an activities of daily living (ADL) self-care deficit due to dementia and fatigue. An intervention planned for Resident A1 indicated that the resident required assistance of one staff with bathing/showering. The resident's preferred shower days were Tuesdays and Fridays.</p> <p>A review of the resident's bathing records from June 29, 2021, through survey ending July 7, 2021, revealed that there was no documented evidence that showers provided to the resident.</p> <p>Interview with the director of nursing (DON) on July 7, 2021, at 2:30 PM, confirmed that there was no evidence that Resident A1 was assisted and received a shower as planned and preferred by the resident from June 29, 2021, through the survey ending July 7, 2021</p> <p>28 Pa. Code 201.29(j) Resient rights</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(5) Nursing services</p>		



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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26142</p> <p>Based on a review of clinical records and staff interview it was determined that the facility failed to follow physician orders for bowel protocol for five residents out of 15 sampled (Resident A1, A2, B1, B2, and B3).</p> <p>Findings include:</p> <p>Review of the physician ordered bowel protocol indicated that Residents A1, A2, B1, B2, B3, were prescribed Lactulose Solution 10 GM/15 ML, Give 30 ml by mouth, as needed, for constipation; give after 3 day of no BM (bowel movement); Gavilax Powder (Polyethylene Glycol 3350) Give 17 gram by mouth, as needed, for constipation give after 4 days of no BM - mix with 6 oz of fluid and a Fleet Enema Enema 7-19 GM/118 ML (Sodium Phosphates) Insert 1 application rectally as needed for constipation give after 5 days of no BM.</p> <p>A review of the clinical record revealed that Resident A1 was admitted to the facility on [DATE], with diagnoses to have included heart failure and dementia.</p> <p>Review of Resident A1's report of bowel activity from June 29, 2021 to July 7, 2021, revealed that the resident did not have a bowel movement from June 29, 2021 to July 3, 2021.</p> <p>Review of Resident A1's Medication Administration Record (MAR) for June 2021 and through the survey ending July 7, 2021, revealed no documented evidence that the facility administered the resident's prescribed bowel protocol during this period without a bowel movement.</p> <p>A review of the clinical record revealed that Resident A2 was most recently admitted to the facility on [DATE], with diagnoses to have included spastic hemiplegia affecting the left dominant side (is a neuromuscular condition of spasticity that results in the muscles on one side of the body being in a constant state of contraction), major depressive disorder, and protein calorie malnutrition.</p> <p>Review of Resident A2 's report of bowel activity from July 1, 2021 to July 7, 2021, revealed that the resident did not have a bowel movement from June 2, 2021 to July 6, 2021. Review of Resident A1's Medication Administration Record (MAR) for June 2021 and through survey ending July 7, 2021, revealed that licensed nursing staff did not follow the physician 's ordered bowel protocol as ordered.</p> <p>A review of the clinical record revealed that Resident B1 was admitted to the facility on [DATE], and had diagnoses that included diabetes and hypertension.</p> <p>Review of Resident B1's bowel activity from June 29, 2021 to July 7, 2021 revealed that the resident did not have a bowel movement from June 29, 2021 to July 3, 2021. Review of Resident B1's Medication Administration Record (MAR) for July 2021 indicated that Resident B1 received Lactulose on July 3, 2021 at 4:43 p.m. but it should have been given prior to July 3, 2021.</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>A review of the clinical record revealed that Resident B2 was admitted to the facility on [DATE], and had diagnoses that included Intellectual Disabilities and constipation. Review of Resident B2's bowel activity from June 29, 2021 to July 7, 2021 revealed that the resident did not have a bowel movement from July 2, 2021 to July 6, 2021. Review of Resident B2's Medication Administration Record (MAR) for July 2021 there was no documentation any of the bowel protocol was given to the resident during this period.</p> <p>A review of the clinical record revealed that Resident B3 was admitted to the facility on [DATE], and had diagnoses that included diabetes and hypertension.</p> <p>Review of Resident B3's bowel activity from June 28, 2021 to July 7, 2021 revealed that the resident did not have a bowel movement from June 28, 2021 to July 3, 2021, and no bowel movement from July 3, 2021 to July 7, 2021.</p> <p>Review of Resident B3's Medication Administration Record (MAR) for June 2021 and July 2021 there was no documentation that the bowel protocol was administered to the resident during this period without a bowel movement.</p> <p>A review of the clinical record revealed that Resident B4 was admitted to the facility on [DATE], and had diagnoses that included dementia and constipation.</p> <p>Review of Resident B4's bowel activity from June 29, 2021 to July 7, 2021 revealed that the resident did not have a bowel movement from July 1, 2021 to July 6, 2021.</p> <p>Review of Resident B4's Medication Administration Record (MAR) for July 2021 there was no documentation that the bowel protocol was administered to the resident during this period without a bowel movement.</p> <p>Interview with the Administrator on July 7, 2021 at 11:30 a.m. confirmed that there was no documented evidence that physician ordered bowel protocol was followed.</p> <p>28 Pa. Code 211.12 (a)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.5(f)(g)(h) Clinical records.</p> <p>28 Pa. Code 211.10 (c)(d) Resident care policies</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26142</p> <p>Based on clinical record review, and staff interview, it was determined that the facility failed to consistently provide services planned to maintain mobility and range of motion for four of 15 sampled residents (Resident B5, B6, B7, B8, and C2).</p> <p>Findings include:</p> <p>A review of Resident B5's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included obesity and joint pain.</p> <p>The resident was on a restorative program for Ambulation: assist of 1, ambulate up to 60 feet with rollator walker, aide and Wheelchair to follow since April 11, 2021.</p> <p>Review of Tracking of the RNP program from June 29, 2021 to July 7, 2021, revealed that the resident refused the program on July 1, 2021, July 2, 2021, July 3, 2021. There was no documentation that the restorative program was completed on July 5, 2021.</p> <p>A review of Resident B6's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included hypertension and knee pain.</p> <p>The resident was on a restorative program for Ambulation: Ambulate in hallway with 4 wheeled walker and assist of one x 40 feet daily since February 10, 2017.</p> <p>Review of Tracking of the RNP program from June 29, 2021, to July 7, 2021, revealed that the the resident refused the program on June 30, 2021, July 2, 2021, July 4, 2021, July 5, 2021, July 6, 2021, July 7, 2021. There was no documentation that the restorative program was completed on June 29, 2021 and July 1, 2021.</p> <p>A review of Resident B7's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included hypertension and Cerebral Palsy (A congenital disorder of movement, muscle tone, or posture).</p> <p>The resident was on a restorative program for Ambulation: Ambulate with assist x 1 with a standard walker up to 75 feet in Resident's room twice daily since June 20, 2021.</p> <p>Review of Tracking of the RNP program from June 29, 2021, to July 7, 2021, indicated that the resident refused twice daily from June 29, 2021 to July 5, 2021 and refused on the 3 PM to 11 PM shift on July 6, 2021, and July 7, 2021.</p> <p>A review of Resident B8's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included arthritis and obesity.</p> <p>The resident was on a restorative program for Ambulation: Ambulate up to</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Kingston Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Second Avenue Kingston, PA 18704	
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>20 FT with rollator walker and an assist x 2 twice daily since March 18, 2021.</p> <p>Review of Tracking of the RNP program from June 29, 2021, to July 7, 2021, indicated that on June 29, 2021 on the 7 AM to 3 PM shift staff documented that the program was not applicable and that the resident refused the program on the 3 PM to 11 PM shift. On June 30, 2021, there was no documentation that the restorative program was completed on the 7 AM to 3 PM shift. Staff noted that the resident refused the program on the 3 PM to 11 PM shift. On July 1, 2021, July 2, 2021 and July 7, 2021, during the 3 PM to 11 PM shift and July 3, 2021, July 4, 2021, July 5, 2021, and July 6, 2021 on both the 7 AM to 3 PM and 3 PM to 11 PM shifts, staff noted that the resident refused the RNP program.</p> <p>A review of Resident C2's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included dementia and hypertension.</p> <p>The resident was on a restorative program for Ambulation: Ambulate in hallway with Assist x 1 with rollator walker up to 60' twice daily since June 20, 2021.</p> <p>Review of Tracking of the RNP program from June 29, 2021 to July 7, 2021 indicated that the resident refused the program twice daily on June 29, 2021, and on the 7 AM to 3 PM shift on June 30, 2021, and the 3 PM to 11 PM shift on July 3, 2021. There was no documentation that the restorative program was provided to the resident on the 3 PM to 11 PM shift on June 30, 2021, July 4, 2021 and July 5, 2021. Staff noted that the resident refused the program twice daily on July 1, 2021, July 2, 2021, July 6, 2021, and July 7, 2021.</p> <p>There was no documented evidence that the facility had re-evaluated the established restorative nursing programs of the above residents based on the residents' repeated refusals to participate and had reassessed the residents' functional needs and status and participation interest in the restorative nursing program and revised each residents' program accordingly to meet the residents' needs. The facility further failed to consistently provide the programs as planned.</p> <p>Interview with the Administrator on July 7, 2021 at 3:30 p.m. revealed that the NHA was unable to explain the multiple resident refusals, omissions in the provision of services and documentation that the programs were not applicable.</p> <p>28 Pa. Code 211.10(a)(d)</p> <p>28 Pa Code 211.12 (a)(c)(d)(3)(5) Nursing services</p> <p>28 Pa. Code: 211.5(f) Clinical records</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26142</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure timely physician visits for two of 15 sampled residents (Resident A3 and B8).</p> <p>Findings included:</p> <p>A review of the clinical record revealed that Resident A3 was admitted to the facility on [DATE], with diagnoses to have included human immunodeficiency virus (HIV) disease, chronic viral hepatitis B, alcohol abuse, and major depressive disorder.</p> <p>Resident A3's admission Physician Assessment was completed by the physician's nurse practitioner (CRNP) on May 19, 2021.</p> <p>There was an electronic statement/signature on the bottom of the assessment that indicated that the primary care physician's CRNP saw and examined the resident and that the physician agreed with the assessment. A signature was present and identified by the DON as the primary care physician's signature. However, there was no date to identify when he/she reviewed the assessment or documentation that the resident was seen by the primary care MD.</p> <p>General Progress Notes dated May 28, 2021 and July 1, 2021, were completed by the CRNP, which both indicated that Resident A3 was seen and that findings were discussed with the primary care physician who agreed with plan will be in to see the resident.</p> <p>Interview with the director of nursing (DON) on July 7, 2021, at 1:30 PM, revealed that the CRNP had an electronic signature at the bottom of the May 19, 2021, admission assessment. The DON reported that when the primary care physician comes into the facility he signs off on the assessment. However, there was no documented evidence that the primary care physician had alternated visits with the CRNP and had evaluated/assessed the resident through survey ending July 7, 2021.</p> <p>There was no documented evidence in the clinical record that Resident A3's physician had alternated personal visits with the resident.</p> <p>Further interview with the DON on July 7, 2021, at 2:30 PM, confirmed that Resident A3's primary care physician failed to perform personal physician visits as per regulatory guidelines, failing to alternate visits with the CRNP.</p> <p>A review of the clinical record revealed that Resident B8 was admitted to the facility on [DATE]. A review of physician's progress notes, conducted during the survey ending July 7, 2021, indicated that the resident was last seen by the physician on May 19, 2021.</p> <p>However, the assessment document dated May 19, 2021, was completed by Employee 4 (CRNP-Certified Registered Nurse Practitioner) and signed by the attending Physician. There was no evidence at the time of the survey that Resident B8's attending Physician examined the resident or that the documentation was completed by the physician.</p> <p>(continued on next page)</p>		

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F 0712  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>There was no clinical documentation of prior physicians visits and progress notes at the time of the survey ending July 7, 2021.</p> <p>Further review of Resident B8's clinical record revealed that she had been seen by Employee 4(CRNP) on April 15, 2021, March 28, 2021, February 25, 2021 and January 25, 2021. There was corresponding progress note documentation of these monthly visits by Employee 4 (CRNP) in the resident's clinical record.</p> <p>Interview with the nursing home administrator (NHA) on July 7, 2021 at approximately 2 p.m. confirmed that there was no documented evidence that the physician had visited the resident and alternated visits with the CRNP. The NHA confirmed that the physician was signing the CRNP's documentation, but had not personally visited the resident at the frequency required by regulation.</p> <p>28 Pa Code 211.2(a) Physician services</p> <p>28 Pa. Code 211.5(f)(h) Clinical records</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>26142</p> <p>Based on a review of the facility's plan of correction for the deficiencies cited during the survey ending May 14, 2021, clinical records and outcome of the activities of the facility's quality assurance plan and staff interviews it was determined that the facility failed to develop and implement an effective quality assurance plan to correct and prevent continued quality deficiencies related to quality of care (bowel protocol), activities of daily living (showers) and restorative nursing services.</p> <p>Findings included:</p> <p>A review of the statement of deficiencies cited during the survey ending May 14, 2021, revealed that the facility developed a plan of correction that included a quality assurance monitoring plan to assure that corrections to the quality deficiencies were sustained. This plan was to be completed by June 29, 2021.</p> <p>In response to the deficiency cited for ADL care of dependent residents the facility's plan of correction indicated that:</p> <p>2. Current residents that have scheduled showers will be reviewed to ensure that showers are provided or that there is supportive documentation within the medical record that indicates any refusals and reoffering the resident later.</p> <p>3. The Director of Nursing or Designee will educate the nursing staff on F-Tag 677 to include shower schedules.</p> <p>4. The Director of Nursing or designee will conduct routine audits to ensure that resident that are receiving showers/or baths. The results will be submitted to Quality Assurance Performance Improvement for review and recommendations.</p> <p>However, during this revisit survey ending July 7, 2021, it was found that the facility failed to provide services necessary to maintain adequate personal hygiene and/or grooming of residents dependent on staff for assistance with these activities of daily living for one out of 15 residents reviewed (Resident A1).</p> <p>In response to the deficiency cited under quality of care related to bowel protocol the facility's pain of correction indicated that: 2. a comprehensive audit of residents with bowel incontinence will be completed to ensure appropriate orders are in place.</p> <p>3. The Director of Nursing or designee will educate the Licensed staff on F-tag 684 to include following resident bowel regimens.</p> <p>4. The Director of Nursing or designee will conduct routine audits to ensure that resident's bowel regimens are followed. The results will be submitted to Quality Assurance Performance Improvement for review and recommendations</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>However, during the revisit survey ending July 7, 2021, it was determined that the facility failed to follow physician orders for bowel protocol for five residents out of 15 sampled (Resident A1, A2, B1, B2, and B3).</p> <p>In response to the deficiency cited under range of motion during the May 14, 2021, survey the facility's plan of correction indicated that: 2. Other residents on restorative ambulation programs were reviewed to ensure that the programs were completed.</p> <p>3. The Director of Nursing or designee will educate the Licensed staff on F-tag 0688 to include providing restorative ambulation services.</p> <p>4. The Director of Nursing or designee will conduct routine audits to ensure that resident that are receiving restorative programs. The results will be submitted to Quality Assurance Performance Improvement for review and recommendations.</p> <p>However, during this revisit survey ending July 7, 2021, it was found that the facility failed to consistently provide services planned to maintain mobility and range of motion for four of 15 sampled residents (Resident B5, B6, B7, B8, and C2).</p> <p>The facility's quality assurance committee failed to develop and implement effective corrective actions plans to correct, and sustain correction of these quality deficiencies, and prevent recurrence of deficient practice, failing to improve the delivery of quality care and services to residents.</p> <p>Refer F677, F684 and F688</p> <p>28 Pa. Code 211.12(c) Nursing Services</p> <p>28 Pa. Code 201.18(e)(1) Management</p>		