

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 03/10/2023
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on observation, clinical record review, observation and staff interview, it was determined that the facility failed to respect residents' rights in the handling and protection of their personal property and clothing for two of five residents reviewed. (Residents 107 and 243)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 107 was admitted to the facility on [DATE], with a diagnosis of diabetes. He the resident was discharged from the facility on March 4, 2023.</p> <p>An observation on March 8, 2023 at 11 A.M. in the Medbridge hallway classroom, revealed Resident 107's personal belongings including clothing, a cell phone with charger, a wallet and multiple other personal items. The door was and the resident's property was not secured in the room that was accessible to staff and residents.</p> <p>A review of Resident 107's inventory of personal belongings dated January 23, 2023, revealed that upon admission to the facility, the resident had multiple articles of clothing, a pair of glasses, 2 cell phones and a wallet containing 1 debit card, a cash app card and an EBT card. There was no documented evidence of the disposition of these belongings at the time of the resident's discharge.</p> <p>Clinical record review revealed Resident 243 was admitted to the facility on [DATE]. During the initial tour of the facility [NAME] 7, 2023, at 7 PM, multiple boxes, totes and bags containing the resident's personal belongings were observed on tables and chairs in the B unit resident heritage dining room. A tour of Resident 243's room revealed multiple additional boxes, bags and totes of personal belongings and clothing hanging in the resident closets.</p> <p>During an interview March 8, 2023 at approximately 1 P.M., the Nursing Home Administrator confirmed that the facility failed to safeguard residents' personal property and that the above residents' personal belongings were not stored appropriately and Resident 107's personal belongings had not been returned to the resident/resident representative.</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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on March 8, 2023, at 4:15 PM of the clean area of the laundry revealed two very large piles of clean resident personal laundry on top of wooden pallets on the floor. There was a clothing rack with a small amount of clean resident clothing hanging on it. There was a pile of clean resident socks in a bin. Employee 16 (laundry aide) stated during interview at that time that it is the responsibility of nursing staff to bring resident clothing to the laundry to be labeled. He stated that it is very difficult to identify resident personal clothing when nursing just drops off the clothing and it arrives at the laundry without a means to identify the resident and label the clothing accordingly. He stated that due to staffing in the laundry and the lack of a procedure for accurate labeling of residents' clothing the resident's personal laundry does not get returned to residents for two or three days or more.</p> <p>28 Pa Code 201.18(e)(1)(h) Management</p> <p>28 Pa Code 201.29 (a)(c)(j)(k) Resident rights</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on observations and resident and staff interviews, it was determined that the facility failed to accommodate one resident's preference for television viewing out of 29 sampled residents (Resident 100).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 100 was admitted to the facility on [DATE], with a diagnoses of diabetes, chronic obstructive pulmonary disease (COPD), gastro-esophageal reflux disease (GERD), achondroplasia (a genetic disorder that affects bone growth and causes dwarfism), paraplegia (paralysis affecting the lower half of the body), disorder of bone density and structure, and lumbar spinal stenosis.</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted at specific intervals to plan a resident's care) dated November 19, 2022, revealed that the resident was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status - a tool to assess cognitive function - a score of 13-15 indicates cognitively intact), required staff assistance with bed mobility, transfers, toileting, dressing, bathing and personal hygiene (combing hair, brushing teeth, applying makeup). And the resident has functional limitations in Range of Motion (ROM), having impairment on one side of her upper extremity, and impairment of the left and right side(s) of the lower extremity.</p> <p>A review of Resident 100's care plan dated October 11, 2021, revealed that the resident's activity preference was to spend time with visitors, using her smartphone for Facebook, internet and games, watching TV and socializing with peers and staff. Planned interventions included to encourage participation in current activities of interest such as; animals (rabbits, puppies, fish), cards (anagrams, games on smartphone), computer/tablet (Facebook, games, FaceTime, smartphone use), current events (TV news). The resident's care plan also noted the resident's problem of impaired visual function related to chronic diabetes, and self-care performance deficit, an activity of daily living, (bed mobility) related to hemiplegia, muscular skeletal disfunction, and achondroplasia. The resident was to be assisted by 2 staff for repositioning and turning in bed and to sit near activity staff to assist with any visual impairment if needed.</p> <p>During observations and interview on March 8, 2023, at approximately 10:40 AM, Resident 100 stated that when she is placed in bed, she is unable to watch or hear the television in her room, which she enjoys. During observations while in the resident's room, the resident pointed to her bed, which was the first bed as you enter the room, along with the placement of the television in the room. The resident stated that she had mentioned this problem to staff in the recent past, but was unable to recall specifically whom had informed. Resident 100 further explained, that while in bed, she is unable to move her body due to her physical limitations (paralysis), and that the distance from her bed to the television is a far distance.</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Closer observation of Resident 100's room at that time revealed that her television was positioned to the resident's left side when she was lying in bed and across the room on top of a dresser. In the event her roommate's privacy curtain was drawn, the visual field to the television would be obstructed by the privacy curtain along.</p> <p>Interview with the Nursing Home Administrator (NHA) on March 8, 2023, at approximately 1:20 PM, acknowledged the physical layout of the resident's room, placement of the television and the resident's functional limitations failed to accommodate the resident's preferences for activities of choice, television viewing. The NHA verified that each resident should be able to watch television in the privacy of their room should they wish.</p> <p>28 Pa. Code 201.29 (j) Resident Rights</p> <p>28 Pa. Code 201.18 (e)(1) Management</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>39235</p> <p>Based on observation and staff interview it was determined that the facility failed to provide housekeeping and maintenance services to maintain a clean, safe, and orderly environment on resident units (Station B, C, D halls and Heritage Dining Room).</p> <p>Findings include:</p> <p>Observations during the environmental tour of the facility on March 7, 2023, at approximately 6:40 PM, in the C, D, unit hall lounge there were three mechanical lifts, seven wheelchairs, including high back wheelchairs, two of which had oxygen tanks behind them, and two wheeled pushcarts stored in the resident lounge.</p> <p>Observations on March 7, 2023, at approximately 6:48 PM, of the Heritage Dining room revealed one mechanical lift, nine wheelchairs, one of which had an oxygen tank behind it, three pairs of shoes on the seats of the wheelchairs, a brand new (in plastic, with sale labels still attached) pride lift chair, and a three tiered wheeled pushcart containing several cardboard boxes of resident clothing, picture frame, duffel bag, a white desk top oscillating fan, and a stainless steel garbage type container labeled linen, stored in the resident dining room.</p> <p>Interview with the Nursing Home Administrator (NHA) on March 8, 2023, at approximately 11:50 AM, confirmed the resident environment was to be maintained in a clean, safe, and orderly manner.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>41460</p> <p>Based on review of select facility policy and grievances lodged with the facility, and staff interviews it was determined that the facility failed to demonstrate sufficient efforts to promote prompt resolution of grievances and the immediate actions taken to prevent possible violations of resident rights during the review process of resident grievances.</p> <p>Findings include:</p> <p>Review of facility policy entitled Grievance Program, last reviewed January 2023, revealed that the purpose of the grievance program was to promote an environment and culture open to feedback positive and/or negative from residents, family members, employees, physicians, and any other visitors. All grievances whether filed with staff or the grievance officer will be completed by the following procedure: upon receipt of the grievance, the grievance officer will designate an administrative staff member to investigate the concern, the grievance officer will maintain the grievance log, concerns related to alleged abuse, neglect, exploitation, or misappropriation of funds or belongings will be handled according to the state and federal guidelines. Immediate actions will be taken that are necessary to prevent further potential violations of any resident right.</p> <p>The goal of the facility is to investigate the concern within 7 days. However, depending on the nature of the concern and the schedules of staff involved in the concern it could take slightly longer than 7 days. The administrative staff will determine what corrective actions, if any, need to be taken and review with Administrator and/or grievance officer. The resident, or person filing the concern/grievance will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems and document on the appropriate concern form. All grievance summaries will include at a minimum, the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued.</p> <p>Review of the facility grievance log dated February 2023 revealed that residents/visitors/family members lodged 49 grievances with the facility. Of those 49 grievances, five were assigned to facility staff, and of those five, only three were logged as resolved as of the time of the survey ending March 10, 2023.</p> <p>Review of select resident grievances revealed that on February 8, 2023, Resident 83 submitted a resident concern that a nurse aide was throwing paper towels in the toilet and dumping urine in the sink, which resulted in the resident's room smelling like urine. There was no evidence that the resident concern was addressed and/or resolved by facility staff as of survey ending March 10, 2023.</p> <p>According to the Grievance Log, Resident 133 submitted resident concerns on February 10, 2023, related to resident care, and on February 11, 2023, related to smoking. The facility was unable to provide documented evidence at the time of the survey ending March 10, 2023, of their actions to address these grievances.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of select resident grievances revealed that on February 14, 2023, Resident 138 submitted a concern that nursing staff ignored her request to have her blood sugar evaluated. The resident could not recall if the issue occurred on February 10, 2023 or February 11, 2023. Additionally, on the same date, the resident submitted a concern that lately the food has been horrible. No menus and burnt toast.</p> <p>On February 22, 2023, and February 23, 2023, resident concerns were submitted on behalf of Resident 83 related to care and services.</p> <p>There was no evidence that Resident 133's and Resident 83's concerns that were lodged during February 2023 were addressed and/or resolved by the facility as of survey ending March 10, 2023.</p> <p>Review of Grievance log dated March 2023 revealed that 8 grievances were submitted by resident/visitors/family members between March 1, 2023 and March 4, 2023, to the facility. As of survey ending March 10, 2023, there was no documented evidence that seven of the eight grievances had been assigned to staff for investigation/resolution. There was no evidence that any of the 8 resident concerns were resolved by the facility.</p> <p>Interview with the Nursing Home Administrator on March 10, 2023, at approximately 11:00 AM confirmed that there was no evidence that resident concerns submitted by residents/visitors/family members since February 2023 were addressed by the facility. The Administrator further stated that a facility grievance form should have been completed for each concern received and investigated/ resolved accordingly.</p> <p>28 Pa Code 201.29 (i) Resident rights</p> <p>28 Pa. Code 201.18(e)(1) Management</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on review of clinical records, the facility's abuse prohibition policy and resident grievances, and staff interview, it was determined that the facility failed to timely and thoroughly investigate an allegation of resident abuse, including injuries of unknown origin, and prevent the potential for further abuse during the course of the investigation for two residents out of 29 residents sampled (Resident 100 and 92).</p> <p>Findings include:</p> <p>Review of the facility's Abuse Policy, last reviewed by the facility January 2023, indicated that each resident will be free from abuse. Abuse can include verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. It is the policy of the facility that reports of abuse (mistreatment, neglect, or abuse, including injuries of unknown source, exploitation and misappropriation of property) are promptly and thoroughly investigated. The investigation will include who was involved, resident statements, resident's roommate statement (if applicable), involved staff and witness statements of events, a description of the resident's behavior and environment at the time of the incident, injuries present including a resident assessment, observation of resident and staff behaviors during the investigation, and environmental considerations. Investigation of injuries of unknown origin or suspicious injuries must be immediately investigated to rule out abuse. Injuries include, but are not limited to, bruising of the inner thigh, chest, face, and breast, bruises of an unusual size, multiple unexplained bruises, and/or bruising in an area not typically vulnerable to trauma.</p> <p>Review of the clinical record revealed Resident 100 was admitted to the facility on [DATE], with diagnoses, which included Achondroplasia (type of short-limbed dwarfism), diabetes, and paraplegia (paralysis of the legs and lower body).</p> <p>Review of a Quarterly MDS assessment dated [DATE], revealed that Resident 100 was cognitively intact with BIMS score of 15 (Brief Interview for Mental Status a tool to assess cognition a score of 13-15 equates to being cognitively intact) and was dependent on staff assistance for bed mobility, transfers, toileting, and dressing.</p> <p>Review of Resident Concern Report submitted by Resident 100 on January 31, 2023, no time provided, revealed that the resident alleged that Employee 1, licensed practical nurse, placed a blanket over the resident's face while she was sleeping. According to the concern report, Resident 100 reported the incident to Employee 5, registered nurse, last week and hadn't heard anything further in response to her complaint.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of witness statement obtained from Resident 117, Resident 100's roommate, on January 31, 2023, indicated that the event had occurred approximately one month ago. Resident 117 stated that Resident 100 was sound asleep when Employee 1, LPN, entered their room and put a blanket over Resident 100's face. According to the Resident 117's witness statement, the action startled Resident 100. Employee 1 then proceeded to give each resident their pills. Next time it was time for the resident's medication, Resident 117 yelled to Resident 100 to wake up, so it didn't happen again. He [Employee 1] is so rude.</p> <p>Review of witness statement obtained from Employee 5, RN, dated January 31, 2023, did not include date and/or time of when the reported event actually occurred. Employee 5 stated that the Resident 100 reported that Employee 1 woke her up to take her medication by throwing a blanket over her face. Employee 5 indicated that the employee spoke with Employee 1 on unknown date or time, and Employee 1 stated he waved the blanket in her (Resident 100) face playfully. Employee 5 further stated both she and Employee 1 went to speak with Resident 100 and Employee 1 apologized to the resident.</p> <p>Review of statements attached to the Resident Concern Report failed to provide evidence that a statement was obtained from Employee 1.</p> <p>There was no documented evidence that the facility conducted additional staff or resident interviews to rule out additional concerns of mistreatment by Employee 1.</p> <p>The facility provided Employee 1 education on January 31, 2023, to knock on door prior to entry and let resident know who you are and why you are entering. If no response, tap resident on shoulder.</p> <p>During an interview on March 10, 2023, at approximately 11 AM the DON confirmed that facility failed to conduct a timely and thorough investigation, which included interviews and witness statements in response to an allegation of abuse by Resident 100 to assure the resident's safety and the safety of other residents residing in the facility.</p> <p>A review of the clinical record revealed that Resident 92 was initially admitted to the facility on [DATE], with diagnoses to include malignant neoplasm of colon, displaced fracture of left humerus, dementia, anxiety, and depression.</p> <p>A quarterly Minimum Data Set assessment dated [DATE], revealed that the resident had both short- and long-term memory problems, and her daily decision-making cognitive skills were severely impaired. She required extensive staff assistance with bed mobility, transfers, eating, toileting, dressing, bathing and personal hygiene (combing hair, brushing teeth, applying makeup).</p> <p>A review of Resident 92's care plan revealed that the resident had an activity of daily living self-care performance deficit related to weakness/limited mobility, initially dated October 14, 2022. Interventions were to provide the assistance of one staff member for bed mobility, dressing, personal hygiene, toilet use, and transfer.</p> <p>A nurses note, dated December 1, 2022, at 9:15 AM, indicated that Resident 92 was transported to an orthopedic appointment accompanied by a nurse aide for evaluation of an arm injury the resident sustained during a fall at the facility on November 24, 2022.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse's note dated December 1, 2022, at 11:30 AM, revealed that the nurse aide accompanying Resident 92 called facility stating that Resident 92 was being transported to the hospital ER per physician assistant (PA) at the orthopedic appointment related to bruising on the resident's forehead & red area on left cheek and abrasions left side face. RP aware.</p> <p>A nurses note dated December 1, 2022, at 7:56 PM, revealed that the resident was admitted to the hospital with urinary tract infection (UTI). A review of hospital information, dated December 1, 2022, indicated that the resident was admitted to the hospital with urinary tract infection (UTI), and LUE injury (fracture as the result of a recent fall on November 24, 2022). Per the Emergency Department (ED) note, patient fell > (greater than) 36 hours ago at facility. She was noted to be holding her left upper extremity (LUE) by her side. She was evaluated by orthopedics and diagnosed with LUE fracture and sent to ED</p> <p>A nurses note dated December 8, 2022, at 4:23 PM, indicated the resident returned to the facility at 4:00 PM from hospital.</p> <p>Interview with the Director of Nursing (DON) on March 9, 2023, at approximately 12:20 PM, indicated that the facility was unable to provide documented evidence that the facility had investigated the potential source of the bruising on resident's forehead and red area on left cheek and abrasions left side face that were identified at the orthopedic appointment. There was no documented evidence that the facility had identified those facial injuries prior to the resident's transport to the appointment, at the time of the resident's falls or in the days subsequent to the resident's fall on November 24, 2022, during which the resident sustained the injury to her left arm.</p> <p>Interview with the Nursing Home Administrator (NHA) on March 10, 2023, at approximately 8:40 AM, confirmed that the facility failed to implement procedures for investigating injuries of unknown origin in response to Resident 92's facial injuries identified at the orthopedic appointment.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Deficiency Text Not Available</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of clinical records and staff and resident interview it was determined that the facility failed to ensure that residents dependent on staff for assistance with activities of daily living consistently received showers and bathing as planned to maintain good personal hygiene for two of 29 residents sampled (Resident 133 and Resident 7).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 133 was admitted to the facility on [DATE], with a diagnoses to include diabetes, legal blindness, bilateral osteoarthritis of knees, cerebral infarction, hemiplegia and hemiparesis of left non-dominant side.</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted at specific intervals to plan a resident's care) dated January 16, 2023, revealed that the resident was moderately impaired with a BIMS score of 11 (Brief Interview for Mental Status - a tool to assess cognitive function - a score of 8-12 indicates moderately impaired), required extensive staff assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene (combing hair, brushing teeth, applying makeup), and had functional limitations in Range of Motion (ROM), having impairment on one side of her upper and lower extremity.</p> <p>A review of Resident 133's care plan revealed a problem of activity of daily living (ADL) self-care performance deficit related to diabetes, and stroke (CVA), initially dated December 21, 2022, with planned interventions to provide staff assistance with bathing, showering, dressing, personal hygiene and oral care.</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that nursing staff are to document on the residents' shower record when a shower or bed bath are completed for each resident</p> <p>Review of Resident 133's Documentation Survey Report (direct care nursing tasks completed for the resident) dated January 2023, February 2023, and March 2023, through the time of the survey ending March 10, 2023, revealed that the resident was scheduled to receive a bathing on day shift every Wednesday and Saturday. There was no documented evidence that the resident was bathed as planned on Wednesday January 4, 11, 18, 2023, and on Saturday January 7, and 21, 2023, on Wednesday, February 15, 2023, and on Saturday February 11, and 25, 2023, and Saturday March 4, 2023, and Wednesday March 1, 2023.</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that a blank/empty space on the documentation survey reports indicates that staff had not completed the task or failed to document its completion and noting 97 indicates that the task was not applicable for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that staff were to document on the residents' shower record when a shower or bed bath are completed and that there was no documented evidence that the facility staff consistently bathed the resident as planned.</p> <p>A review of Resident 7's clinical record revealed she was admitted to the facility on [DATE], with diagnoses of abnormality of gait and mobility and displacement of a fixation device to the left femur and the need for assistance with personal care.</p> <p>A review of the resident's admission MDS assessment dated [DATE], indicated that the resident required extensive assistance of two staff members for bed mobility and transfers between surfaces and extensives assistance of one person for personal hygiene. The MDS Assessment did not indicate how she took a bath or a shower because the activity did not occur and was not able to be assessed at that time. The resident was cognitively intact with a BIMS score of 15.</p> <p>A review of the Documentation Survey Report (direct care nursing tasks completed for the resident) dated January 2023, February 2023, and March 2023 revealed that the resident preferred showers on Monday and Thursday on dayshift. According to these reports, the resident was not showered during the months of January 2023 and February 2023. Staff noted that a bed bath provided on February 7, 2023. The report noted that the resident was showered on March 13, 2023.</p> <p>During a telephone interview with this Resident 7 on March 14, 2023, the resident confirmed that she was not showered for 45 days. The resident stated that the first shower she received since her admission on January 27, 2023, was on March 13, 2023. The resident confirmed that she was not showered during January 2023 and February 2023 as noted in the documentation survey report.</p> <p>28 Pa. Code 201.29 (j) Resident rights</p> <p>28 Pa. Code 211.11 (d) Resident care plan</p> <p>28 Pa. Code 211.12 (a)(c)(d)(5) Nursing services.</p> <p>28 Pa. Code 211.10(a)(d) Resident care policies</p>		

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41460</p> <p>Based on a review of clinical records and staff interviews it was determined that the facility failed to provide care, consistent with professional standards of practice, by failing to demonstrate consistent monitoring and assessment of a resident's skin injury for one resident out of 29 sampled (Resident 20).</p> <p>Findings included:</p> <p>Clinical record review revealed that Resident 20 was admitted to the facility on [DATE] with diagnosis to include cerebral infarction (stroke) with left sided weakness.</p> <p>An admission MDS (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 26, 2022, revealed Resident 20 was cognitively intact, required staff assistance for activities of daily living and was occasionally incontinent of urine, always continent of bowel and not currently on a bladder training program.</p> <p>A review of nursing documentation dated November 27, 2022 at 08:35 AM revealed that the resident had a order for Silvadene (an occlusive ointment) and dry sterile dressing twice a day to a blister on her right chest.</p> <p>A nurses note dated November 28, 2022 at 2:41 P.M. revealed, Resident 20 was assessed by the previous Director of Nursing (DON). Left upper chest with open blister measuring 3 cm x 2 cm x 0 cm. No active drainage noted. Surrounding tissue pink in color. Resident states current pain level is 2 (on a scale of 1-10) Spoke with CRNP will continue with Silvadene and added nonadherent dressing.</p> <p>A review of a consult from a Wound Physician dated December 27, 2022, indicated that the resident's chest blister measured 3 cm x 3.5 cm x 0.1 cm, moderate serosanguinous (yellowish with small amounts of bloody drainage) drainage and the tissue type was noted as 100% granulation (new connective tissue and microscopic blood vessels that form on the surfaces of a wound during the healing process) and the treatment to the area remained the same.</p> <p>A review of wound consult note dated January 24, 2023, revealed that Resident 20's left chest area was healed.</p> <p>There was no documented evidence that the resident's blister had been assessed from November 27, 2022, when first identified until the wound care physician evaluated the area on December 27, 2022, which was confirmed during interview with the Director of Nursing on March 10, 2023.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.5 (g)(h) Clinical records</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41460</p> <p>Based on a review of clinical records and select facility policy, observations and staff interviews it was determined that the facility failed to consistently provide necessary care and services to prevent the worsening of a pressure sore for one resident (Resident 23) out of 29 sampled residents.</p> <p>Findings include:</p> <p>According to the US Department of Health and Human Services, Agency for Healthcare Research & Quality, the pressure ulcer best practice bundle incorporates three critical components in preventing pressure ulcers: Comprehensive skin assessment, Standardized pressure ulcer risk assessment and care planning and implementation to address areas of risk.</p> <p>ACP (The American College of Physicians is a national organization of internists, who specialize in the diagnosis, treatment, and care of adults. The largest medical-specialty organization and second-largest physician group in the United States) Clinical Practice Guidelines indicate that the treatment of pressure ulcers should involve multiple tactics aimed at alleviating the conditions contributing to ulcer development (i.e. , support surfaces, repositioning and nutritional support); protecting the wound from contamination and creating and maintaining a clean wound environment; promoting tissue healing via local wound applications, debridement and wound cleansing; using adjunctive therapies; and considering possible surgical repair.</p> <p>Review of current facility policy entitled Skin Integrity, provided by the facility on March 9, 2023, revealed that the objective was to decrease the prevalence and incidence of residents that develop pressure injuries and provide guideline for optimal care to promote healing to residents with all identified alterations in skin integrity i.e. surgical incisions. Documentation and care interventions for skin integrity will include initiation of positioning schedule to meet individual resident needs and minimize concentrated pressure to skin. Positioning devices such as pillows or foam wedges are recommended to keep bony prominences from direct contact with one another. Consider adding therapy screen for any positioning recommendations.</p> <p>A review of the clinical record revealed that Resident 23 was admitted to the facility on [DATE], with diagnoses to include end-stage kidney disease with dependence on kidney dialysis, heart disease, and diabetes. The resident was hospitalized on [DATE], and readmitted to the facility on [DATE].</p> <p>A review of a 5-day Minimum Data Set assessment dated [DATE], (MDS - a federally mandated standardized assessment process completed periodically to plan resident care) revealed that the resident was cognitively impaired, required extensive assistance with the assistance of two people with bed mobility (how the resident moves about in bed), toileting, and personal hygiene. The resident was dependent on facility staff for transfers and bathing and was at risk for pressure ulcer development.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 23's re-admission nursing evaluation dated February 22, 2023, revealed that the resident had an unstageable pressure ulcer on the left heel measuring 4.5 cm x 3.3 cm x 0 cm, a right heel unstageable pressure ulcer measuring 3 cm x 1.5 cm x 0 cm, an unstageable pressure area on his right hand 4th finger measuring 2.5 cm x 1.5 cm x 0 cm, a moisture associated skin disorder on his sacrum measuring 7 cm x 2.5 cm x 0 cm, a scabbed areas on his right lower leg, and purplish/red areas on his left lower leg.</p> <p>Review of Resident 23's plan of care for potential for impairment to skin integrity initially dated January 26, 2023, revealed the planned interventions for staff to encourage good nutrition and hydration in order to promote healthier skin, keep skin clean and dry, pressure reduction mattress, treatments as ordered, and for resident to avoid scratching and keep hands and body parts from excessive moisture and keep fingernails short.</p> <p>A facility wound consultant progress note dated February 27, 2023, revealed that the resident's right hand fourth finger measured 2.2 cm x 4 cm x 0 cm and was 100% necrotic (dead tissue), right leg venous ulcer measured 2.2 cm x 1.1 cm x 0.2 cm and was 100% necrotic, left heel deep tissue injury (DTI) measured 6 cm x 5.8 cm x 0 cm and was 100% epithelial, non-blanching purple in color, right heel DTI measured 4.3 cm x 6 cm x 0 cm and was 100% epithelial, non-blanching purple in color, right thigh pressure ulcer measured 26 cm x 5.5 cm x 0.2 cm and was 75% eschar (dead tissue), and left buttock pressure ulcer (sacral area identified as MASD five days earlier) was unstageable and measured 11 cm x 6 cm x 0.2 cm.</p> <p>The wound consultant's treatment recommendations on February 27, 2023, were to apply Medihoney (ointment which supports the removal of dead tissue and aids in wound healing) to left buttock ulcer daily and as needed, apply skin prep to both left and right heel ulcer daily and as needed, apply Medihoney to right thigh and leg ulcers daily and as needed, to implement facility pressure ulcer prevention protocol, turn and reposition per facility protocol, provide incontinence care as needed, and optimize nutrition.</p> <p>Review of Resident 23's physician orders revealed an order dated February 26, 2023, to liberally paint the resident's right thigh and right leg ulcers with betadine (used on the skin to treat or prevent skin infection in minor cuts, scrapes, or burns), cover with gauze and kling wrap daily.</p> <p>An order dated February 23, 2023, to apply Venelex external ointment (contains [NAME] and [NAME] oil, used to treat various types of skin wounds and ulcers, especially those caused by poor blood circulation or skin grafts) ulcer every shift and cover with dry dressing.</p> <p>There was no documented evidence that treatments were ordered or provided for the ulcers identified on resident's bilateral heels. There was no evidence that the Skin prep was applied as recommended by the wound care consultant on February 27, 2023.</p> <p>There was no documented evidence that wound consultant's treatment recommendations for Medihoney to the right thigh and leg ulcers were implemented as recommended on February 27, 2023, due to worsening/decline of Resident 23's identified skin impairments and wounds.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility's wound consultant progress note dated March 7, 2023, revealed no changes in the right hand fourth finger, right leg venous ulcer deteriorating measured 2.5 cm x 1 cm x 0.1 cm, left heel ulcer measured 7 cm x 7.2 cm x 0.1 cm, right heel ulcer measured 4 cm x 6.8 cm x 0.1 cm, right thigh ulcer without changes, and left buttock ulcer presented with infection and measured 9 cm x 11 cm x 0.2 cm. No further treatment recommendations were recommended by the facility's wound consultant at that time. According to the progress note, staff were to continue applying Medihoney to left buttock ulcer, and right thigh and right leg ulcers, and skin prep to bilateral heel ulcers.</p> <p>However, there was documented evidence that the Medihoney had been ordered and was provided for treatment of the resident' left buttock ulcer and right thigh and right legs ulcers.</p> <p>or the skin prep to the residents' bilateral heels.</p> <p>There was no documented evidence that wound consultant treatment recommendations were carried out to prevent further decline in Resident 23's pressure sores.</p> <p>Observation of Resident 23 on March 8, 2023, at approximately 9:15 AM revealed that the resident was sleeping in bed, laying flat on his back, with a standard pressure reducing mattress on his bed. There were heel protectors in place on each foot with a pillow placed beneath his legs to elevate his heels off the mattress.</p> <p>Observation of Resident 23's sacral/left buttock wound care on March 10, 2023, at 9:10 AM, in the presence of Employee 4, licensed practical nurse, revealed a reddened macerated (excessively moist) area which measured 15 cm x 10 cm. Further observation of the reddened area revealed at 11 o'clock a Stage 3 (full thickness skin loss involving damage or necrosis of subcutaneous tissue) pressure ulcer measuring 2 cm x 3 cm x 0.1, at 9 o'clock a second stage 3 pressure area measuring 2 cm x 2 cm x 0.1 cm, and at 8 o'clock a third stage 3 area measuring 0.5 cm x 2 cm x 0.1 cm. Additionally, there were 6 linear areas, which appeared to be scratches at 1 o'clock, with two of the linear areas dark/black in color. The resident's left heel was covered with dark/black hard tissue with slight bleeding noted from left lateral side of the wound and the right heel was covered with dark/black hard tissue. These observations were a significant change from the last wound care observation performed on March 7, 2023, by the consultant wound care physician.</p> <p>Review of Resident 23's clinical record failed to provide evidence that changes in the resident's identified skin conditions were communicated to the physician and/or facility wound care consultant as of the time of the observations on March 10, 2023.</p> <p>Interview with the Director of Nursing on March 9, 2023, at approximately 2:00 PM confirmed that the facility failed to implement consultant wound care physician's skin treatment recommendations to promote healing and prevent worsening of the resident's pressure sores.</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.5(f)(g)(h) Clinical records.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on clinical record and select policy review and staff interview, it was determined that the facility failed to provide necessary nursing services to maintain range of motion, mobility, and current level of functioning for one of 29 sampled residents (Resident 24).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Restorative Nursing that was reviewed by the facility January 2023, indicated that each resident receives nursing care and services in accordance with his/her individual comprehensive assessment and plan of care. An individualized program will be written, including need/problems, goals, approaches, and specialized equipment required. Restorative nursing programs (RNP) will be provided for a minimum of 15-minutes per day for six days per week for all residents. All programs will be documented in the resident ' s plan of care with measurable goals and updated as necessary by the DON/designee. Nursing assistants on the units will be required to perform restorative program services according to the program schedule, and individual residents' plan of care.</p> <p>The unit nurse aides will notify the charge nurse/nurse supervisor of changes in the resident's functional abilities, improvements, or declines. Refusals of services or withheld reasons will be reported to the restorative nurse coordinator. The RNP program will be documented daily in PointClickCare (PCC) system to include time, tolerance level and other follow-up questions or documentation questions required. The DON/designee will provide documentation on a quarterly basis in accordance with the MDS schedule for all residents receiving RNP. If changes are noted in the resident ' s ability to complete RNP, the program will be discontinued and the resident will be referred to therapy for a screening to determine if formal therapy services are indicated.</p> <p>Review of Resident 24's clinical record revealed admission August 5, 2010, with diagnoses of cerebral palsy [is a group of disorders that affect a person ' s ability to move and maintain balance and posture], dysphagia (difficulty swallowing), and severe intellectual disabilities.</p> <p>The resident's plan of care initiated June 22, 2021, and revised on February 13, 2022, identified that Resident 24 required a restorative program related to poor balance with a goal to maintain ADL (activities of daily living) ability with planned interventions to ambulate/walk the resident, handheld, with assist of one staff for 75 feet twice per day.</p> <p>Resident 24's quarterly MDS assessment dated [DATE], indicated that the resident required the extensive assistance of one person with transfers and dressing.</p> <p>Review of Resident 24's Survey Documentation Report (a report that records care and service tasks completed by nurse aides as per planned schedule) dated November 2022, December 2022, and January 2023, revealed that the resident was not consistently provided the planned RNP required to maintain her functional abilities.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's quarterly MDS dated [DATE], indicated that the resident now required two plus persons physical assistance with transfers and dressing, a decline in functional ability from the MDS assessment dated [DATE].</p> <p>The facility was not able to provide documented evidence that the resident's planned RNP was consistently performed as planned, and that nursing staff identified Resident 24's declined in functional abilities to perform activities of daily living, of transfers and dressing, and evaluated the resident's need for restorative services to prevent further decline.</p> <p>Interview with the Nursing Home Administrator on March 10, 2023, at 10:15 AM, revealed that the facility did not have an actual restorative nursing program (RNP) and confirmed that the facility failed to identify that Resident 24 had a decline in functional status and failed to re-evaluate and modify her RNP to maintain her highest practicable level of physical functioning.</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 Pa. Code: 211.5(f) Clinical records</p> <p>28 Pa Code 211.12 (a)(c)(d)(3)(5) Nursing services</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on a review of clinical records and facility investigation reports and staff interview, it was determined that the facility failed to implement necessary individualized safety measures and staff supervision of resident identified with poor safety awareness and a history of falls to prevent a fall with serious injury, a hip fracture, for one of 29 sampled residents (Resident 76).</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 76 was admitted to the facility on [DATE], with diagnoses to include dementia and a history of falls.</p> <p>A review of an annual Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated January 15, 2023, revealed that Resident 76 was severely cognitively impaired, exhibited physically aggressive behaviors towards others, required assistance with activities of daily living, had a history of falling and exhibited behaviors to include wandering in the facility.</p> <p>The resident's care plan, initiated October 3, 2019, indicated that Resident 76 is at risk for falls due to weakness, poor safety awareness and cognitive impairment. Interventions planned were to assist the resident out of bed to broda chair (wheelchair that provides tilt-in-space positioning) when restless. The resident's care plan to address the resident's wandering behavior, dated October 6, 2022, included planned interventions to distract the resident with pleasant diversions, structured activities to accomodate the resident's cognitive communication ability, and TV room to be kept clear of overbed tables due to the resident's history of using tables to stand and attempt to ambulate using the overbed table as an assistance device.</p> <p>A review of a facility investigation report dated March 5, 2023, at 11:15 P.M. revealed that nursing staff found Resident 76 on the floor of the A hall main dining room, lying on her right side in front of her broda chair, near a dining table. The resident was awake and alert with confusion at the resident's baseline. The resident was unable to state what had occurred. No obvious signs of injury or non verbal signs of pain were identified at that time. The resident moved all extremities as per baseline. Two staff assisted the resident to the chair and then transported the resident back to the resident's room and back to bed. A body audit revealed no injuries or trauma.</p> <p>The resident was in the dining room unsupervised at the time of the resident's fall.</p> <p>A review of a facility investigation note dated March 5, 2023, no time noted, revealed that Resident 76 self propels throughout the facility in her broda chair, was restless and found trying to get out of bed. It was noted that nursing staff followed the resident's care kardex and had assisted the resident out of bed to the broda chair due to the restless and unassisted attempts to get out of bed on the night of the resident's fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of an employee witness statement dated March 5, 2023, no time, revealed that Employee 6, a nurse aide, stated as I was leaving to go home (after 3 PM to 11 PM shift), Resident 76 was attempting to get out of bed at the end of the shift, approximately 10:45 PM-11 PM. Employee 7, a nurse aide, and I got her out of bed into her (broda) chair.</p> <p>A review of an employee witness statement dated March 5, 2023, no time, revealed that Employee 10, RN supervisor, stated that Resident 76 was last observed at 11 PM self propelling in her chair, as per her norm. Employee 10 stated that he and Employee 9, RN supervisor, were walking in the hallway by the main A hall dining room and found Resident 76 on the floor, laying on her right side.</p> <p>A review of an employee witness statement dated March 5, 2023, no time, revealed that Employee 8, nurse aide, stated I checked on Resident 76 every hour on the 11 PM to 7 AM shift. She slept the entire shift.</p> <p>Employee 8's statement was not consistent with the resident's activities that night as other staff noted that the resident was restless and attempting to get out of bed and was assisted out of bed and observed self-propelling in her chair at approximately 11 PM. The resident fell while unsupervised in the dining room at 11:15 PM.</p> <p>A review of nursing documentation dated March 6, 2023, at 1:05 PM revealed that the resident complained of of pain in right leg. Nursing noted that the resident was crying out if her leg is touched. Nursing called the physician and the physician ordered a STAT (immediate) x-ray from toes to hips.</p> <p>Nursing documentation dated March 6, 2023, at 4:46 PM revealed that Resident 76 was sent to the emergency room due to fall overnight and an x-ray done was positive for a hip fracture.</p> <p>A review of nursing documentation dated March 6, 2023 at 9:16 PM. revealed that nursing called the hospital for an update and was informed that Resident 76 was being admitted with the diagnosis of a fractured right hip.</p> <p>A review of hospital documentation dated March 6, 2023, at 7:09 PM revealed that Resident 76 fell at the facility March 5, 2023, and an X ray completed as an outpatient revealed a right hip fracture. A CT scan (diagnostic imaging study) of the resident's pelvis was completed on March 6, 2023, at 7:54 PM revealed an impacted fracture of the right femoral neck (Impacted femoral neck fractures are hip injuries which occur just below the femoral head, or the ball-and-socket hip joint, where the broken ends of the bone are jammed together by the force of the injury. This area of the thigh bone, or femur, is known as the femoral neck). The resident was admitted to the hospital and had hip surgery to repair the fracture.</p> <p>Nurses notes dated March 10, 2023, at 1:57 P.M. revealed that the resident was readmitted to the facility with 30 staples intact right hip area without drainage.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was aware that Resident 76 had a history of falls and poor safety awareness. On the night of the resident's fall the resident was restless and displaying unsafe behaviors of trying to get out of bed unassisted. Nursing staff assisted the resident out of bed into the broda chair in response to the resident's behavior, but failed to consistently supervise the resident to prevent this fall with serious injury. The resident was found on the floor of an unsupervised dining room by nursing staff passing by the room. The facility failed to demonstrate the resident was sufficiently supervised while wandering/self-propelling in the facility. There was no evidence that the facility had provided the resident with diversional activities to occupy the resident's attention as noted on the resident's plan of care after assisting the resident out of bed into the broda chair on the night of the resident's fall.</p> <p>Interview with the director of nursing on March 8, 2023, at 1 PM failed to provide evidence that Resident 76 was adequately supervised or that necessary individualized fall prevention interventions had been implemented to prevent the resident's fall with serious injury.</p> <p>28 Pa. Code 211.12(a)(c)(d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.11 (d) Resident care plan</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on review of clinical records and select facility policy, resident and staff interview and observations, it was determined the facility failed to ensure that residents who are continent of bowel and bladder are provided necessary services to maintain continence to the extent possible and prevent further decline in continence for four residents out of 29 sampled (Residents 20, 78, 104, and 108).</p> <p>Findings include:</p> <p>Review of the facility policy entitled Urinary and Bowel Incontinence-Patterning Record/Evaluation and Management Policy and Procedure that was last reviewed by the facility January 2023, revealed that it is the policy of the facility to identify, assess, and provide the appropriate treatment and service; to achieve or maintain as much normal urinary and bowel function as possible. Residents shall have their continence status assessed upon admission, re-admission, and after an identified decline/change in condition. Once an incontinent resident is identified, the staff will develop a plan of care to manage issues with incontinence, allowing them to reach their highest level of function. When applicable, nursing will initiate a three-day Bowel and Bladder Pattern Record. Following the three-day pattern record, the Bowel and Bladder Pattern will be evaluated and scored to determine retraining potential. Once appropriateness is determined for a toileting scheduled plan, the resident will have a plan of care developed specifically to meet the resident ' s needs. Residents not a candidate for a scheduled plan will be placed on Incontinence Care and Comfort (check and change every two-hours). NA (nurse aide) instructions of electronic documentation will be updated with plan of care related to toileting schedule. Monthly, the toileting schedules will be reviewed by nursing to determine if alterations or re-evaluation of incontinence program is needed.</p> <p>Clinical record review revealed that Resident 20 was admitted to the facility on [DATE], with diagnosis of a cerebral infarction (stroke) with left sided weakness.</p> <p>An admission MDS (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 26, 2022, revealed Resident 20 was cognitively intact, required staff assistance for activities of daily living and was occasionally incontinent of urine, always continent of bowel and not currently on a bladder training program.</p> <p>A review of an admission nursing assessment dated [DATE], indicated that Resident 20 had problems with urinary incontinence, but the bladder incontinence type was not identified. The assessment noted that the resident was to utilize incontinence briefs and is to be toileted upon rising, before and after meals, at bedtime and upon request. There was no evidence that a three day bladder diary or an evaluation of the resident's voiding habits or patterns of incontinency was conducted to determine if a toileting program was appropriate for this resident in an attempt to restore normal bladder function.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident's care plan, initiated October 19, 2022, revealed that Resident 20 has stress bladder incontinence related to advanced age. Interventions planned were that the resident uses medium sized (incontinence) briefs and staff were to toilet the resident upon rising, after meals, at bedtime and upon request.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity dated dated October 19, 2022, through October 31, 2022, revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>A quarterly MDS assessment dated [DATE] revealed that Resident 20's bladder function had now declined to being frequently incontinent of urine and the resident remained always continent of bowel.</p> <p>There was no documented evidence that the facility had reviewed and revised the resident's are plan for urinary incontinuity in an effort to prevent further decline in bladder function. There was no evidence at the time of a survey of any urinary or bowel assessment or three day bladder/bowel diary with an associated evaluation to determine if a toileting plan or program was appropriate in response to the resident's increase in urinary incontinence.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity for the month of November 2022 revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>A quarterly MDS assessment dated [DATE], revealed that Resident 20's bladder status remained frequently incontinent of urine and the resident and now the resident's bowel continence had declined to frequently incontinent.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity dated dated February 22, 2023, through March 1, 2023, revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>During an interview March 7, 2023 at 8 PM Resident 20 stated that recently she used the call bell to notify staff she needed to use the bathroom. Resident 20 stated that the wait was about one hour for staff to respond. The resident stated that because she waited so long, that she urinated in her brief. Resident 20 was very angry and upset that staff did not answer the call bell timely in order to remain continent of urine.</p> <p>During an interview March 9, 2023 at approximately 11 A.M., the Director of Nursing stated that the facility does not conduct bladder or bowel assessments, 3 day bladder diaries or determination of incontinence type. The DON confirmed that there were no current residents on toileting programs in the facility at the time of the survey ending March 10, 2022. She further confirmed that Resident 20's bowel and bladder decline was not assessed nor was a toileting program put into place in an attempt to maintain continence.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 78's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses to have included chronic obstructive pulmonary disease (COPD) and chronic kidney disease.</p> <p>The resident's plan of care initiated August 28, 2021, and revised on October 11, 2022, identified that the Resident 78 had an ADL (activities of daily living) self-care performance deficit related to weakness and had a documented goal to improve functional mobility to modified independence. The planned interventions included to offer the resident bedpan/toilet every two-hours to promote continence. Resident 78's plan of care identified that the resident had mixed bladder incontinence related to decreased mobility with a goal for the resident to be continent during waking hours through the review date. The planned interventions included to establish voiding patterns and to toilet the resident upon arising, before and after meals, at bedtime, and upon request.</p> <p>A review of a quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact with a BIMS score of 14. She required supervision of one-person physical assist for transfers, dressing, and toileting. A trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) had not been attempted on admission/entry or reentry to the facility and resident was occasionally incontinent of bladder and always continent of bowel.</p> <p>Resident 78's quarterly MDS dated [DATE], revealed that a trial of a toileting program had not been attempted on admission/entry or reentry to the facility and the resident was now frequently incontinent of bladder and always continent of bowel. The resident's bladder continence had declined from the previous quarterly MDS dated [DATE].</p> <p>There was no documented evidence that the facility had acted upon the resident's decline in urinary incontinence from November 20, 2022, to February 20, 2023. The facility failed to provide documented evidence that a 3-day pattern record was initiated and completed or that the individualized toileting plan had been designed and implemented to restore Resident 78's urinary continence.</p> <p>Review of Resident 104's clinical record revealed that he was admitted to the facility on [DATE], with diagnoses to have included COPD, dysphagia (difficulty swallowing), and history of alcohol abuse.</p> <p>The resident's care plan dated June 20, 2021, indicated that Resident 104 had potential for bladder incontinence related to activity intolerance due to COPD with a goal to be continent at all times through the review date. The planned interventions were to monitor/document for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns</p> <p>A review of a quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact with a BIMS score of 15 or cognitively intact. He required limited assistance of one-person physical assist for transfers, dressing, and toileting. A trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) had not been attempted on admission/entry or reentry and the resident was always continent of bladder and always continent of bowel.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A quarterly MDS dated [DATE], revealed a trial of a toileting program had not been attempted on admission/entry or reentry to the facility and the resident was now frequently incontinent of bladder and always continent of bowel. The resident's bladder function had declined from the previous quarterly MDS dated [DATE].</p> <p>The facility failed to act upon the resident's decline in urinary incontinence from November 20, 2022, to February 24, 2023. There was no evidence that the facility had implemented individualized measures in an attempt to restore urinary continence for this resident to the extent possible. A 3-day pattern record was not initiated and completed according to facility policy.</p> <p>Interview with the Director of Nursing (DON) on March 9, 2023, at 9:08 AM, confirmed that the facility failed to address residents with declines in urinary continence and develop individualized plans in an effort to restore continence to the extent practicable for these residents.</p> <p>Resident 108 was admitted to the facility on [DATE], with diagnosis to include, cerebral infarction (stroke), and cognitive communication deficit.</p> <p>An admission MDS dated [DATE] revealed Resident 108 was cognitively intact with a BIMS score of 13, required staff assistance for activities of daily living and was admitted to the facility from the hospital with an indwelling foley catheter in place.</p> <p>A review of a nurses note dated January 6, 2023 at 12:21 PM revealed that the resident's Foley catheter was discontinued and the resident voided without difficulty.</p> <p>There was no evidence at the time of the survey ending March 10, 2023, that a bladder assessment/evaluation along with a 3 day bladder diary was completed according to facility policy to determine if a toileting program was appropriate for this resident upon removal of the resident's foley catheter.</p> <p>A review of urinary continence records dated January 6, 2023 through January 31, 2023 indicated that Resident 108 was both continent and incontinent of urine. The documentation was inconsistent with many shifts with no documentation of the resident's urinary activity.</p> <p>A review of current bladder records dated February 12, 2023 though [NAME] 10, 2023 indicated that Resident 108 has had multiple episodes of urinary incontinence.</p> <p>During an interview March 9, 2023 at approximately 1:15 P.M., the DON stated that the facility corporation nurse stated that no urinary assessment was to be conducted after the removal of a resident's indwelling urinary foley catheter. The DON confirmed that bowel and bladder assessments are not conducted at the facility aside from MDS assessments.</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(3)(5) Nursing Services</p> <p>28 Pa. Code 211.11(d) Resident care plan</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on review of clinical records and select facility policy and staff interviews it was determined that the facility failed to timely identify and assess residents' weight loss and implement individualized nutritional support measures to maintain or improve nutritional parameters and failed to consistently monitor meal intake and resident weights for three of six sampled residents (Residents 124, 129 and 243).</p> <p>Findings include:</p> <p>A review of facility policy entitled Weight Assessment and Intervention, last reviewed by the facility in January 2023, indicated the nursing staff and the dietitian will cooperate to prevent, monitor, and intervene for undesirable weight loss for our resident. The nursing staff will measure resident weights on admission, and weekly for four weeks and record in the resident ' s electronic medical record. Any weight change of greater than or less than 5-pounds within thirty days will be retaken for confirmation. The Registered Dietitian (RD) will also review monthly weights by the 10th of the month to follow individual weight trends over time. Negative trends will be assessed and addressed by the dietitian whether or not the definition of significant weight change is met. Significant weight changes are defined as more or less than 5% within 30-days; and more or less than 10% within 6-months. If the weight change is desirable, this will be documented, and no change/intervention will be necessary. If a weight loss meets the definition of significant, the dietitian will discuss with the Interdisciplinary Team as necessary in Clinical meeting.</p> <p>Review of Resident 124's clinical record revealed admission on June 4, 2022, with diagnoses to have included unspecified dementia.</p> <p>The resident's care plan initiated on September 19, 2022, identified that Resident 124 had nutritional problem or potential for nutritional problems with a noted goal that the resident would maintain adequate nutritional status as evidenced by maintaining current body weight of +/- 5-pounds, have no signs or symptoms of malnutrition and consuming at least 75 % of at least three meals daily through review date. Interventions planned were to monitor/record/report to MD as needed signs of malnutrition such as emaciation, muscle wasting, significant weight loss of 3-pounds in 1-week, greater than 5% in 1-month, greater than 7.5% in 3-months, and greater than 10% in 6-months and for the RD (registered dietitian) to evaluate and make diet change recommendations as needed.</p> <p>The resident's weight record revealed that on November 5, 2022, the resident weighed 172 pounds and then on November 12, 2022, the resident weighed 166.8 pounds which was a significant weight loss of 5.2 pounds in 1-week.</p> <p>There was no documented evidence that re-weight was obtained to verify the significant weight loss in 1-week or that the RD evaluated the resident's significant weight for additional interventions necessary to deter further weight loss.</p> <p>On December 1, 2022, that the resident's weight was 158 pounds. A re-weight was obtained on December 3, 2022, noted a significant weight loss of 6.9-pound significant weight loss in 1-week since her previous weight from November 26, 2022, at 165.1-pounds.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The weight record revealed that the resident had a total significant weight loss of 13.8-pounds or 8% loss of body weight in one month.</p> <p>A weight change progress note by the RD dated December 12, 2022, at 5:05 PM, 9-days after the resident's confirmed weight loss, identified that Resident 124 had a significant weight loss of 8% or 13.8 pounds in one-month, 10.1%- or 17.8-pound significant weight loss in 3-months, and a 10.1%- or 17.8-pound significant weight loss in 6-months. The RD indicated that the resident had a significant unintended weight loss and that the weight loss was beneficial due to the resident's decreased snacking and consuming food from old meal trays in carts. The RD noted that this was behavioral, likely due to boredom. Resident accepting of RED (Regular Enhanced/Fortified Diet) [higher calorie and higher protein] diet, regular - Level 7 texture, and thin - Level 0 liquid consistency and consumed 76-100% of all meal trays and noted to continue to monitor weight and appetite trends. CRNP aware of weight loss.</p> <p>On December 24, 2022, at 12:17 PM, Resident 124 weighed 158.2-pounds, and then on January 7, 2023, at 1:57 PM, the resident weighed 147.4-pounds, a significant weight loss of in 10.8-pounds/6.8% in 14-days. There was no reweight was obtained to verify accuracy of the weight obtained on January 7, 2023, at 1:57 PM.</p> <p>Resident 124's next weight was obtained on January 14, 2023, at 2:59 PM, at 147.5-pounds.</p> <p>RD progress notes dated January 21, 2023, at 5:46 PM, identified that the resident had a significant weight loss and continued to note that meal acceptance of her ordered Enhanced/Fortified diet was 75-100% most meals and that the resident began to take food from the dirty meal carts again and that re-direction was ineffective most times and noted to continue to monitor weight and appetite trends.</p> <p>Review of Resident 124's Survey Documentation Report (a report of nursing tasks completed for each resident) dated November 2022, revealed that staff failed to consistently record the resident's meal intakes during the months of December 2022, January 2023 and February 2023.</p> <p>During an interview with RD on March 9, 2023, at 11:45 AM, the RD stated that a re-weight should be obtained within 24-hours if the resident had a weight loss of 5-pounds or more in 1-week. The RD stated that typically waits until the end of the month to document on resident weight changes. The RD stated that when Resident 124 stopped taking food from the dirty meal carts after meals the resident's weight decreased.</p> <p>Interview with the Nursing Home Administrator (NHA) on March 9, 2023, at 2:30 PM, confirmed that the facility failed to timely obtain re-weights, identify and assess significant weight changes, and consistently record meal intakes.</p> <p>A review of the clinical record revealed that Resident 243 was admitted to the facility on [DATE], with diagnoses to include diabetes, morbid (severe) obesity due to excess calories, edema, gastro - esophageal reflux disease (GERD), chronic kidney disease, and peripheral vascular disease (PVD).</p> <p>A review of the resident's clinical record, weight record on March 7, 2023, revealed no documented weight obtained upon the resident's admission until survey inquiry and the resident was weighed on March 8, 2023.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the clinical record revealed that Resident 129 was admitted to the facility on [DATE], with diagnoses to include anxiety, depression, gastro - esophageal reflux disease (GERD), chronic pain, alcohol abuse, fibromyalgia, acute kidney failure, and dependence on renal dialysis.</p> <p>The weight record revealed the following recorded weights:</p> <p>January 4, 2023 (6:39 PM) - 168.5 Lbs</p> <p>February 4, 2023 (3:11 PM) - 164.5 Lbs</p> <p>February 8, 2023 (9:53 PM) - 158.3 Lbs weight loss (6.05 %) in 35 days</p> <p>Resident 129 lost a total of 10.2 lbs. or 6.05 % of body weight in approximately 35 days (January 4, 2023, to February 8, 2023).</p> <p>A review of the clinical record, (weight change note), dated February 28, 2023, indicated that a significant weight loss was identified and that the interventions to prevent further weight loss included adding Nephro-Vite, and Prosource twice daily.</p> <p>The resident's Medication Administration Records (MAR) for the months of February 2023 and March 2023, revealed no evidence that the recommended interventions for nutritional support, Nephro-Vite, and Prosource had been implemented.</p> <p>Interview with the RD, on March 9, 2023, at approximately 12:05 PM, confirmed there was an identified significant, unplanned, weight loss, and the recommended interventions (Nephro-Vite, and Prosource) had not been implemented</p> <p>Interview with the DON, on March 9, 2023, at approximately 1:30 PM, confirmed the confirmed the information above, and that the facility had facility failed to implement the recommendations for nutritional support for Resident 129 and to timely obtain admission weight on Resident 243.</p> <p>28 Pa Code 201.29(a)(l)(2) Resident rights.</p> <p>28 Pa Code 211.6(c)(d) Dietary services.</p> <p>28 Pa Code 211.10 (a)(c)(d) Resident care policies.</p> <p>28 Pa Code 211.12 (a)(c)(d)(3)(5) Nursing services.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>43944</p> <p>Based on observations, clinical record and select policy review, and staff interview it was determined that the facility failed to implement physician orders and provide appropriate care and services to one resident receiving an enteral feeding out of of two residents sampled with enteral feedings (Resident 130).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Enteral Feeding that was last reviewed by the facility January 2023, indicated that the physician is responsible for ordering the traditional nutrient, volume, rate, time, flushes, and tube care for enteral feedings. The licensed nurse is responsible to assure patency of the feeding tube, administration of nutritional products, and medications per physician orders, assessment of the tube and skin site, and documentation of the enteral feeding process. Documentation of the enteral feeding orders, volume, amounts, and care will be completed on the Medication Administration Record (MAR).</p> <p>Review of Resident 130's clinical record revealed admission on October 25, 2022, with diagnoses to have included cerebral infarction (or stroke, is a brain lesion in which a cluster of brain cells die when they don't get enough blood), dysphagia (difficulty swallowing), cognitive communication deficits, aphasia [a comprehension and communication (reading, speaking, or writing) disorder resulting from damage or injury to the specific area in the brain], and flaccid hemiplegia (is a severe or complete loss of strength or paralysis on one side of the body) affecting the left non-dominant side.</p> <p>Resident 130 was NPO (nothing by mouth) due to his inability to safely tolerate oral food or fluids and required nutritional support via a PEG tube [Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into the patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate [for example, because of dysphagia] for enteral feeding [enteral nutrition generally refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a person's caloric requirements].</p> <p>The resident's care plan dated October 25, 2022, and revised on February 2, 2023, identified that the resident required a tube feeding related to a swallowing problem and had unplanned/unexpected weight loss related to intolerance of tube feeding and had goals to maintain weight and tolerate tube feeding and goal rate through next review. Interventions included to keep the head of the bed elevated 45 degrees during and thirty minutes after tube feed, NPO and that the resident was dependent with tube feeding and water flushes and to see MD orders for current feeding orders.</p> <p>A physician order dated January 27, 2023, at 11:29 AM, was noted for Peptamen 1.5 formula [is a nutritionally complete tube-feeding formula specially designed to manage damaged or extremely sensitive GI tracts] infuse at 65 ml (milliliters) per hour continuous with a 125 ml water flush every 4-hours during pump infusion and to hold the feeding from March 8, 2023, at midnight for surgery.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observations performed on March 7, 2023, at 8:37 PM, Resident 130 was observed lying flat on his back in bed with no tube feeding being administered. The tube feeding tubing was disconnected from the resident (no formula hung on his tube feeding pole) and his call bell was out of his reach and was observed hanging from his tube feeding pole.</p> <p>The resident's Medication Administration Audit Report revealed that on March 7, 2023, at 3:41 PM, Employee 15, LPN, stopped the resident's enteral feeding.</p> <p>A witness statement from Employee 15 received during the survey ending March 10, 2023, revealed that Employee 15 stated that Resident 130 had hiccups and complained of abdominal cramping and that the resident requested the feeding to be turned off.</p> <p>There was no documented evidence that the physician was consulted regarding the resident's abdominal cramping and hiccups and stopping the tube feeding at the resident's request on March 7, 2023. The physician order indicated that the feeding was to be stopped the following date on March 8, 2023.</p> <p>Interview with the Director of Nursing (DON) on March 9, 2023, at 10:35 AM, confirmed that the facility to consult with the physician regarding the resident's complaints and request to turn off his tube feeding earlier than prescribed.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of clinical records and select facility policy, resident and staff interview, it was determined that the facility failed to consistently attempt non-pharmacological interventions to alleviate pain prior to the administration of a narcotic pain medication prescribed on an as needed basis (PRN) and failed to assess a resident's pain due to excessive use of an opioid pain medication prescribed for use as needed for one resident out of 29 reviewed (Resident 129).</p> <p>Findings include:</p> <p>According to US Department of Health and Human Services, Interagency Task Force, Executive Summary Report May 6, 2021, for Pain Management Best Practices the development of an effective pain treatment plan after proper evaluation to establish a diagnosis with measurable outcomes that focus on improvements including quality of life (QOL), improved functionality, and Activities of Daily Living (ADLs). Achieving excellence in acute and chronic pain care depends on the following:</p> <ul style="list-style-type: none"> o An emphasis on an individualized patient-centered approach for diagnosis and treatment of pain is essential to establishing a therapeutic alliance between patient and clinician. o Acute pain can be caused by a variety of different conditions such as trauma, burn, musculoskeletal injury, neural injury, as well as pain due to surgery/procedures in the perioperative period. A multi-modal approach that includes medications, nerve blocks, physical therapy and other modalities should be considered for acute pain conditions. o A multidisciplinary approach for chronic pain across various disciplines, utilizing one or more treatment modalities, is encouraged when clinically indicated to improve outcomes. These include the following five broad treatment categories <p>-Medications: Various classes of medications, including non-opioids and opioids, should be considered for use. The choice of medication should be based on the pain diagnosis, the mechanisms of pain, and related co-morbidities following a thorough history, physical exam, other relevant diagnostic procedures and a risk-benefit assessment that demonstrates the benefits of a medication outweighs the risks. The goal is to limit adverse outcomes while ensuring that patients have access to medication-based treatment that can enable a better quality of life and function. Ensuring safe medication storage and appropriate disposal of excess medications is important to ensure best clinical outcomes and to protect the public health.</p> <p>o Restorative Therapies including those implemented by physical therapists and occupational therapists (e.g. , physiotherapy, therapeutic exercise, and other movement modalities) are valuable components of multidisciplinary, multimodal acute and chronic pain care.</p> <p>o Interventional Approaches including image-guided and minimally invasive procedures are available as diagnostic and therapeutic treatment modalities for acute, acute on chronic, and chronic pain when clinically indicated. A list of various types of procedures including trigger point injections, radiofrequency ablation, cryoneuroablation, neuro-modulation and other procedures are reviewed.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o Behavioral Health Approaches for psychological, cognitive, emotional, behavioral, and social aspects of pain can have a significant impact on treatment outcomes. Patients with pain and behavioral health comorbidities face challenges that can exacerbate painful conditions as well as function, QOL, and ADLs.</p> <p>o Complementary and Integrative Health, including treatment modalities such as acupuncture, massage, movement therapies (e.g., yoga, tai chi), spirituality, among others, should be considered when clinically indicated.</p> <p>o Effective multidisciplinary management of the potentially complex aspects of acute and chronic pain should be based.</p> <p>A review of facility policy entitled Administering Pain Medication Policy last reviewed by the facility January 2023, indicated the purpose of this procedure is to provide guidelines for assessing the resident's level of pain prior to administering non-narcotic or narcotic analgesics. Follow the medication administration per physician order. Evaluate the effectiveness of non-pharmacologic interventions (e.g repositioning, warm or cold compresses, etc.) administer pain medications as ordered, and notify physician/physician extender if resident does not receive adequate pain relief with currently prescribed medication.</p> <p>A review of the clinical record revealed that Resident 129 was admitted to the facility on [DATE], with diagnoses to include anxiety, depression, gastro - esophageal reflux disease (GERD), chronic pain, alcohol abuse, fibromyalgia, acute kidney failure, and dependence on renal dialysis.</p> <p>The resident's care plan dated January 4, 2023, revealed a focused area of the potential for chronic pain with planned interventions for pain management were to encourage participation in activities of interest, administer analgesia per orders, evaluate the effectiveness of pain interventions, monitor/document for side effects of pain medication, and to notify physician if interventions are unsuccessful or if current complaint is a significant change from baseline.</p> <p>Physician orders dated February 4, 2023, were noted for Gabapentin Capsule 100 MG, give 100 mg by mouth two times a day for Neuropathy, Tylenol Tablet (Acetaminophen), give 650 mg by mouth every 4 hours as needed for pain, not to exceed >3 GMs in 24 hours, and for Oxycodone HCL oral tablet 5 mg, (an opioid - narcotic pain medication) one tablet by mouth every 4 hours, as needed, for pain < (less than) 4.</p> <p>A review of the resident's February 2023 Medication Administration Record (MAR), revealed that staff administered this oxycodone HCL 92 times during the month of February 2023. Of the 92 doses given, 37 were administered without documented evidence of the non-pharmacological interventions were attempted prior to administering the pain medication.</p> <p>During March 2023 staff administered this opioid pain medication 37 times during the month as of March 10, 2023. Of the 37 doses given, 14 were administered without evidence of the non-pharmacological interventions were attempted prior to administering the narcotic pain medication.</p> <p>According to the resident's February 2023 MAR, from February 4 to February 28, 2023, nursing administered the PRN opioid pain medication to the resident a minimum of three times daily, with the exception of 3 days, February 4, 14, and 19, 2023.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to the resident's March 2023 MAR, as of March 10, 2023, nursing administered the prn opioid pain medication to the resident a minimum of three times daily.</p> <p>Interview with alert and oriented Resident 129 on March 8, 2023, at approximately 10:25 AM, revealed that the resident stated that she needs to ask for the as needed oxycodone everyday to manage her pain.</p> <p>There was no documented evidence that the facility had clarified with the physician the order for Oxycodone HCL oral tablet 5 mg, one tablet by mouth every 4 hours, as needed, for pain for pain rated less than a 4 and also the Tylenol Tablet (Acetaminophen), give 650 mg by mouth every 4 hours as needed for pain, that was lacking a pain severity (mild, moderate, severe or pain rating on a scale of 1-10).</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that facility failed to consistently attempt non-pharmacological interventions to alleviate pain prior to the administration of a opioid pain medication prescribed on an as needed basis (PRN) and failed to assess the resident's repeated use of an opioid pain medication prescribed as needed (PRN)</p> <p>28 Pa. Code 211.2(a) Physician Services</p> <p>28 Pa. Code 211.5(f)(g) Clinical records</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing Services</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41460</p> <p>Based on review of clinical records, observations and family and staff interviews it was determined that the facility failed to provide person-centered care for one resident out of 29 residents sampled (Resident 23) receiving hemodialysis.</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 23 was admitted to the facility on [DATE], with diagnoses to include end-stage kidney disease with dependence on kidney dialysis (process of removing waste products and excess fluid from the body when the kidneys are not able to adequately filter the blood), heart disease, and diabetes. The resident had a right arm fistula (An AV fistula is a connection that's made between an artery and a vein for dialysis access. A surgical procedure, done in the operating room, is required to stitch together two vessels to create an AV fistula) which was not being used, and a tunneled central catheter, double lumen in his right chest for dialysis access.</p> <p>Interview with Resident 23's daughter on March 8, 2023, at 9:15 AM revealed that she voiced concerns that laboratory staff used the resident's right arm to draw blood for ordered blood work. The resident's daughter further stated that the old dialysis access was in his right arm and his fourth finger on his right hand has a necrotic area (dead tissue) because of bad circulation in that arm.</p> <p>Interview with Employee 2, licensed practical nurse, on March 10, 2023, at approximately 9:10 AM confirmed that Resident 23 had an AV fistula for dialysis access in his right arm. Employee 2 further stated that the resident's right arm was not to be used for drawing blood or obtaining blood pressures to prevent complications to the right arm.</p> <p>Review of Resident 23's comprehensive care plan in effect at the time of the survey revealed that the plan failed to identify that the resident had an additional dialysis site, which was in his right arm and failed to include resident specific interventions related to that access site. Resident 23's care plan did not identify interventions to protect the resident's right arm dialysis access site from potential complications.</p> <p>28 Pa. Code 211.11(d) Resident care plan</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41460</p> <p>Based on a review of clinical records and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered plan to provide trauma informed care to a resident with a diagnosis of Post-Traumatic Stress Disorder for one out of 29 residents reviewed (Resident 138).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 138 was admitted to the facility on [DATE], with diagnoses that Post Traumatic Stress Disorder (PTSD).</p> <p>The resident's current care plan, in effect at the time of the survey ending March 10, 2023, did not identify the resident PTSD diagnosis, symptoms or triggers related to this diagnosis and resident specific interventions to meet the resident's needs for minimizing triggers and/or re-traumatization.</p> <p>The facility failed to develop and implement an individualized person-centered plan to address, this resident's diagnosis of PTSD according to standards of practice to promote the resident's emotional well-being and safety.</p> <p>Interview with the Director of Nursing on March 10, 2023, at approximately 1:00 PM, confirmed the facility was unable to demonstrate that the facility provided culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>28 Pa Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa Code 211.11(d) Resident care plan</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on a review of clinical records, grievances lodged with the facility, and nursing staffing hours, observations and staff and resident interviews it was determined that the facility failed to provide and/or efficiently deploy sufficient nursing staff to consistently provide timely quality of care, services, and supervision necessary to maintain the physical and mental well-being of the residents in the facility including Residents 133, 7, 20, 24, 76, 78, 104, 108).</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing levels revealed that on the following dates the facility failed to provide the state minimum nurse staffing of 2.7 hours of general nursing care to each resident daily on the following dates:</p> <p>January 1, 2023 -2.69 direct care nursing hours per resident</p> <p>January 2, 2023 -2.57 direct care nursing hours per resident</p> <p>January 5, 2023 -2.48 direct care nursing hours per resident</p> <p>January 23, 2023 -2.69 direct care nursing hours per resident</p> <p>January 24, 2023 -2.62 direct care nursing hours per resident</p> <p>January 25, 2023 -2.66 direct care nursing hours per resident</p> <p>January 26, 2023 -2.53 direct care nursing hours per resident</p> <p>January 27, 2023 -2.16 direct care nursing hours per resident</p> <p>February 4, 2023 -2.41 direct care nursing hours per resident</p> <p>February 5, 2023 -2.43 direct care nursing hours per resident</p> <p>February 9, 2023 -2.60 direct care nursing hours per resident</p> <p>February 11, 2023 -2.46 direct care nursing hours per resident</p> <p>February 12, 2023 -2.62 direct care nursing hours per resident</p> <p>February 24, 2023 -2.52 direct care nursing hours per resident</p> <p>February 25, 2023 -2.01 direct care nursing hours per resident</p> <p>February 26, 2023 -2.5 direct care nursing hours per resident</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>February 27, 2023 -2.5 direct care nursing hours per resident</p> <p>March 3, 2023 -2.3 direct care nursing hours per resident</p> <p>March 4, 2023 -2.4 direct care nursing hours per resident</p> <p>March 5, 2023 -2.5 direct care nursing hours per resident</p> <p>March 6, 2023 -2.4 direct care nursing hours per resident</p> <p>March 11, 2023 -2.46 direct care nursing hours per resident</p> <p>March 12, 2023 -2.62 direct care nursing hours per resident</p> <p>On the above noted dates, the facility failed to provide 2.7 hours of direct nursing care daily. The facility continued to admit new residents during this time period despite failing to provide minimum nurse staffing on a daily basis. The facility admitted 24 residents in the past 30 days.</p> <p>A review of Resident 133's care plan revealed a problem of activity of daily living (ADL) self-care performance deficit related to diabetes, and stroke (CVA), initially dated December 21, 2022, with planned interventions to provide staff assistance with bathing, showering, dressing, personal hygiene and oral care.</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that nursing staff are to document on the residents' shower record when a shower or bed bath are completed for each resident</p> <p>Review of Resident 133's Documentation Survey Report (direct care nursing tasks completed for the resident) dated January 2023, February 2023, and March 2023, through the time of the survey ending March 10, 2023, revealed that the resident was scheduled to receive a bathing on day shift every Wednesday and Saturday. There was no documented evidence that the resident was bathed as planned on Wednesday January 4, 11, 18, 2023, and on Saturday January 7, and 21, 2023, on Wednesday, February 15, 2023, and on Saturday February 11, and 25, 2023, and Saturday March 4, 2023, and Wednesday March 1, 2023.</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that a blank/empty space on the documentation survey reports indicates that staff had not completed the task or failed to document its completion and noting 97 indicates that the task was not applicable for the resident.</p> <p>Interview with the Director of Nursing (DON) on March 10, 2023, at approximately 10:15 AM, confirmed that staff were to document on the residents' shower record when a shower or bed bath are completed and that there was no documented evidence that the facility staff consistently bathed the resident as planned.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 7's clinical record revealed she was admitted to the facility on [DATE], with diagnoses of abnormality of gait and mobility and displacement of a fixation device to the left femur and the need for assistance with personal care. A review of the resident's admission MDS assessment dated [DATE], indicated that the resident required extensive assistance of two staff members for bed mobility and transfers between surfaces and extensive assistance of one person for personal hygiene. The MDS Assessment did not indicate how she took a bath or a shower because the activity did not occur and was not able to be assessed at that time. The resident was cognitively intact with a BIMS score of 15.</p> <p>A review of the Documentation Survey Report (direct care nursing tasks completed for the resident) dated January 2023, February 2023, and March 2023 revealed that the resident preferred showers on Monday and Thursday on dayshift. According to these reports, the resident was not showered during the months of January 2023 and February 2023. Staff noted that a bed bath provided on February 7, 2023. The report noted that the resident was showered on March 13, 2023.</p> <p>During a telephone interview with this Resident 7 on March 14, 2023, the resident confirmed that she was not showered for 45 days. The resident stated that the first shower she received since her admission on January 27, 2023, was on March 13, 2023. The resident confirmed that she was not showered during January 2023 and February 2023 as noted in the documentation survey report.</p> <p>A review of nursing documentation dated November 27, 2022 at 08:35 AM revealed that Resident 20 had a order for Silvadene (an occlusive ointment) and dry sterile dressing twice a day to a blister on her right chest.</p> <p>A nurses note dated November 28, 2022 at 2:41 P.M. revealed, Resident 20 was assessed by the previous Director of Nursing (DON). Left upper chest with open blister measuring 3 cm x 2 cm x 0 cm. No active drainage noted. Surrounding tissue pink in color. Resident states current pain level is 2 (on a scale of 1-10) Spoke with CRNP will continue with Silvadene and added nonadherent dressing.</p> <p>There was no documented evidence that the resident's blister had been assessed by licensed nursing staff from November 27, 2022, when first identified until December 27, 2022, when it was evaluated by the consultant wound care physician, which was confirmed during interview with the Director of Nursing on March 10, 2023.</p> <p>Review of Resident 24's clinical record revealed admission August 5, 2010, with diagnoses of cerebral palsy [is a group of disorders that affect a person ' s ability to move and maintain balance and posture], dysphagia (difficulty swallowing), and severe intellectual disabilities.</p> <p>Resident 24's plan of care initiated June 22, 2021, and revised on February 13, 2022, identified that Resident 24 required a restorative program related to poor balance with a goal to maintain ADL (activities of daily living) ability with planned interventions to ambulate/walk the resident, handheld, with assist of one staff for 75 feet twice per day.</p> <p>Review of Resident 24's Survey Documentation Report (a report that records care and service tasks completed by nurse aides as per planned schedule) dated November 2022, December 2022, and January 2023, revealed that the resident was not consistently provided the planned RNP required to maintain her functional abilities.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility was not able to provide documented evidence that the resident's planned RNP was consistently performed as planned, and that nursing staff identified Resident 24's declined in functional abilities to perform activities of daily living, of transfers and dressing, and evaluated the resident's need for restorative services to prevent further decline.</p> <p>Interview with the Nursing Home Administrator on March 10, 2023, at 10:15 AM, revealed that the facility did not have an actual restorative nursing program (RNP) and confirmed that the facility failed to provide Resident 24 with the restorative nursing services planned to prevent a functional decline in ADLs.</p> <p>The facility was aware that Resident 76 had a history of falls and poor safety awareness. On the night of Mach 5, 2023, the resident was restless and displaying unsafe behaviors of trying to get out of bed unassisted. Nursing staff assisted the resident out of bed into the broda chair in response to the resident's behavior, but failed to consistently supervise the resident to prevent a fall with serious injury. The resident was found on the floor of an unsupervised dining room by nursing staff passing by the room. The facility failed to demonstrate the resident was sufficiently supervised while wandering/self-propelling in the facility. There was no evidence that the facility had provided the resident with diversional activities to occupy the resident's attention as noted on the resident's plan of care after assisting the resident out of bed into the broda chair on the night of the resident's fall.</p> <p>Interview with the director of nursing on March 8, 2023, at 1 PM failed to provide evidence that Resident 76 was adequately supervised or that necessary individualized fall prevention interventions had been implemented to prevent the resident's fall with serious injury.</p> <p>A review of an admission nursing assessment dated [DATE], indicated that Resident 20 had problems with urinary incontinence, but the bladder incontinence type was not identified. The assessment noted that the resident was to utilize incontinence briefs and is to be toileted upon rising, before and after meals, at bedtime and upon request. There was no evidence that a three day bladder diary or an evaluation of the resident's voiding habits or patterns of incontinency was conducted to determine if a toileting program was appropriate for this resident in an attempt to restore normal bladder function.</p> <p>The resident's care plan, initiated October 19, 2022, revealed that Resident 20 has stress bladder incontinence related to advanced age. Interventions planned were that the resident uses medium sized (incontinence) briefs and staff were to toilet the resident upon rising, after meals, at bedtime and upon request.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity dated dated October 19, 2022, through October 31, 2022, revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>A quarterly MDS assessment dated [DATE] revealed that Resident 20's bladder function had now declined to being frequently incontinent of urine and the resident remained always continent of bowel.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documented evidence that the facility had reviewed and revised the resident's care plan for urinary incontinence in an effort to prevent further decline in bladder function. There was no evidence at the time of a survey of any urinary or bowel assessment or three day bladder/bowel diary with an associated evaluation to determine if a toileting plan or program was appropriate in response to the resident's increase in urinary incontinence.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity for the month of November 2022 revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>A quarterly MDS assessment dated [DATE], revealed that Resident 20's bladder status remained frequently incontinent of urine and the resident and now the resident's bowel continence had declined to frequently incontinent.</p> <p>A review of the resident's activities of daily living records for bowel and bladder activity dated February 22, 2023, through March 1, 2023, revealed inconsistent documentation, with multiple shifts of nursing duty during which staff failed to record the resident's bladder and bowel activity.</p> <p>During an interview March 7, 2023 at 8 PM Resident 20 stated that recently she used the call bell to notify staff she needed to use the bathroom. Resident 20 stated that the wait was about one hour for staff to respond. The resident stated that because she waited so long, that she urinated in her brief. Resident 20 was very angry and upset that staff did not answer the call bell timely in order to remain continent of urine.</p> <p>During an interview March 9, 2023 at approximately 11 A.M., the Director of Nursing stated that the facility does not conduct bladder or bowel assessments, 3 day bladder diaries or determination of incontinence type. The DON confirmed that there were no current residents on toileting programs in the facility at the time of the survey ending March 10, 2022. She further confirmed that Resident 20's bowel and bladder decline was not assessed nor was a toileting program put into place in an attempt to maintain continence.</p> <p>Resident 78's plan of care initiated August 28, 2021, and revised on October 11, 2022, identified that the resident had an ADL (activities of daily living) self-care performance deficit related to weakness and had a documented goal to improve functional mobility to modified independence. The planned interventions included to offer the resident bedpan/toilet every two-hours to promote continence. Resident 78's plan of care identified that the resident had mixed bladder incontinence related to decreased mobility with a goal for the resident to be continent during waking hours through the review date. The planned interventions included to establish voiding patterns and to toilet the resident upon arising, before and after meals, at bedtime, and upon request.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact with a BIMS score of 14. She required supervision of one-person physical assist for transfers, dressing, and toileting. A trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) had not been attempted on admission/entry or reentry to the facility and resident was occasionally incontinent of bladder and always continent of bowel. Resident 78's quarterly MDS dated [DATE], revealed that a trial of a toileting program had not been attempted on admission/entry or reentry to the facility and the resident was now frequently incontinent of bladder and always continent of bowel. The resident's bladder continency had declined from the previous quarterly MDS dated [DATE].</p> <p>There was no documented evidence that the facility had acted upon the resident's decline in urinary incontinence from November 20, 2022, to February 20, 2023. The facility failed to provide documented evidence that a 3-day pattern record was initiated and completed or that the individualized toileting plan had been designed and implemented to restore Resident 78's urinary continence.</p> <p>Resident 104's care plan dated June 20, 2021, indicated that Resident 104 had potential for bladder incontinence related to activity intolerance due to COPD with a goal to be continent at all times through the review date. The planned interventions were to monitor/document for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns</p> <p>The facility failed to act upon the resident's decline in urinary incontinence from November 20, 2022, to February 24, 2023. There was no evidence that the facility had implemented individualized measures in an attempt to restore urinary continence for this resident to the extent possible. A 3-day pattern record was not initiated and completed according to facility policy.</p> <p>Interview with the Director of Nursing (DON) on March 9, 2023, at 9:08 AM, confirmed that the facility failed to address residents with declines in urinary continence and develop individualized plans in an effort to restore continence to the extent practicable for these residents.</p> <p>An admission MDS dated [DATE] revealed Resident 108 was cognitively intact with a BIMS score of 13, required staff assistance for activities of daily living and was admitted to the facility from the hospital with an indwelling foley catheter in place. A review of a nurses note dated January 6, 2023 at 12:21 PM revealed that the resident's Foley catheter was discontinued and the resident voided without difficulty.</p> <p>There was no evidence at the time of the survey ending March 10, 2023, that a bladder assessment/evaluation along with a 3 day bladder diary was completed according to facility policy to determine if a toileting program was appropriate for this resident upon removal of the resident's foley catheter.</p> <p>A review of urinary continence records dated January 6, 2023 through January 31, 2023 indicated that Resident 108 was both continent and incontinent of urine. The documentation was inconsistent with many shifts with no documentation of the resident's urinary activity. A review of current bladder records dated February 12, 2023 though [NAME] 10, 2023 indicated that Resident 108 has had multiple episodes of urinary incontinence.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview March 9, 2023 at approximately 1:15 P.M., the DON stated that the facility corporation nurse stated that no urinary assessment was to be conducted after the removal of a resident's indwelling urinary foley catheter. The DON confirmed that bowel and bladder assessments are not conducted at the facility aside from MDS assessments.</p> <p>An additional interview with Resident 7 on March 13, 2023, revealed that the resident stated that nursing staff tells her that they cannot provide toileting to her during meal times and she becomes incontinent.</p> <p>The facility failed to provide sufficient nursing staff to provide the necessary care and services, in a timely manner to meet the clinical, safety and personal care needs of the residents residing in the facility.</p> <p>Refer F677, F684, F688, F689, F690</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(4)(5)(i) Nursing services</p> <p>28 Pa. Code 201.18(e)(1)(2)(3)(6) Management</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on observation, a review of clinical records and staff and resident interviews it was determined that the facility failed to assure that licensed and professional nursing staff possessed the necessary skills and competencies to perform medication administration as prescribed and according to manufacturers' directions for use for one resident out of 29 sampled (Resident 75).</p> <p>Findings included:</p> <p>Review of Resident 75's clinical record revealed admission to the facility on [DATE], with diagnoses, which included diabetes.</p> <p>The resident had current physician orders dated February 21, 2023, for Novolog PenFill (Insulin Aspart) 100 unit/mL, inject 12 units subcutaneously with meals for diabetes.</p> <p>Observation of the medication cart located on the B hall, in the presence of Employee 17, licensed practical nurse, on March 7, 2023, (during a medication pass observation he previous evening) at approximately 7:15 p.m. revealed that there were insulin pens in the cart as prescribed for Resident 75.</p> <p>During an observation March 8, 2023 at 12:15 P.M, Employee 14 (LPN), cleaned the port of the pen with an alcohol wipe and drew up the required amount of insulin with a regular insulin needle and syringe. Observation revealed that insulin flex pen revealed that it was the correct medication and dose, however there was no pharmacy label identifying the medication had been dispensed for Resident 75's use.</p> <p>During an interview at the time of the observation, Employee 14 (LPN) stated that she did not like to use the pen needle tips because she did not believe that method was as accurate as using an insulin syringe. She stated that she did not think it was incorrect practice drawing up the insulin with a regular insulin needle and syringe instead of using the designated pen needle tips. She stated that this was the method she utilized when administering insulin from a flex pen.</p> <p>According to manufacturer directions for use the only way to administer insulin with the Novolog PenFill is to remove the pen cap, cleanse the rubber seal with an alcohol swab, and apply a new sterile needle to the tip of the pen. The manufacturer instructions revealed that there is no other acceptable way to prepare and administer this Novolog Penfill insulin than using an insulin pen.</p> <p>Interview with the Director of Nursing on March 8, 2023, at 12:30 p.m. confirmed that the facility failed to ensure that nursing staff had the appropriate competencies and skills sets to accurately administer insulin from a flex pen</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>26142</p> <p>Based on observation and staff interview, it was determined that the facility failed to post nurse staffing information.</p> <p>Findings include:</p> <p>Observation upon entrance to the facility nursing units on March 7, 2023 at 6 P.M., revealed there was no current posted nursing time.</p> <p>The posted nursing time at the time of the observation was dated March 3, 2023, and was incomplete.</p> <p>During an interview March 8, 2023 at approximately 11 A.M., the Nursing Home Administrator and the Director of Nursing confirmed that the posted nursing time was incorrect.</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(3)(5) Nursing Services</p>

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of clinical records, observations, and staff interview it was determined that the facility failed to develop and implement effective person-centered plans to address dementia-related behavioral symptoms displayed by one resident out of four sampled (Resident 92).</p> <p>Findings included:</p> <p>A review of the clinical record revealed that Resident 92 was initially admitted on [DATE], with diagnoses that include dementia (group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning), malignant neoplasm of colon, displaced fracture of left humerus, anxiety, and depression.</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted periodically to plan resident care) dated December 14, 2022, indicated that the resident was severely cognitively impaired with a BIMS (brief interview for mental status, a tool to assess the resident's attention, orientation, and ability to register and recall new information, a score of 0-7 equates to being severely cognitively impaired) score of 1 and required extensive staff assistance for transfers, dressing, toilet use, and personal hygiene, and was totally dependent on staff for bed mobility.</p> <p>A review of Resident 92's plan of care dated November 16, 2022, revealed a focused area that the resident has a behavior problem, throwing meal tray. Planned interventions included divert attention (did not specific what approaches to use to diver the resident's attention), anticipate and meet needs, provide positive interaction, and to intervene as necessary approaching, speaking in calm manner.</p> <p>The resident's care plan dated October 17, 2022, revealed a focused area that the resident has impaired cognitive function/dementia or impaired thought processes related to Dementia. The planned intervention included medications as ordered, communicate with the resident/family/caregivers regarding residents' capabilities and needs, use the resident preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Reduce any distractions, turn off TV, radio, close door etc. Provide the resident with necessary cues and stop and return if agitated. Keep the resident's routine consistent and try to provide consistent care givers and provide activities that accommodates the resident's cognitive abilities such as; music and massage, spiritual, newspaper readings, parties, movies, picnics, imagination vacation, entertainment, television, manicures, I hear memories, ball toss, kick ball, balloon volleyball, coloring, folding, baby dolls, ice cream social, bowling, gardening, sing a longs, sensory cart.</p> <p>The resident's care plan did not identify specifically which activities the resident preferred and the resident's response to those listed activities. The care plan did not identify the type of music, television, movies or entertainment the resident preferred or best responded or the resident's functional abilities to participate in the physical activities listed.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An administration note dated January 15, 2023, 6:48 PM, indicated the resident combative with care. It was noted that staff observed in bed with hands in her feces and smearing it onto her blankets. Complete bed bath provided with nail care, resident attempting to scratch and hit staff.</p> <p>On March 7, 2023, at approximately 8:40 PM, Resident 92 was observed lying in her bed, rubbing her face, with a brown substance, smeared on her bedding, sheets, and blanket, with chunks of the feces-like brown substance on the bedding, and on the floor around her bed. A further observation noted the residents' fingernails with brown substance underneath. This brown substance had an odor of feces, and appeared soft in texture.</p> <p>The observation was confirmed in presence of Employee 4, Licensed Practical Nurse (LPN), who verified that the brown substance was feces, and that is not a new behavior, and is widely known among the staff, and Resident 92 displays this behavior frequently.</p> <p>There was no indication that the facility had developed and implemented individualized, plan of care to address the resident's known dementia related behavior of smearing feces to promote the resident's quality of life and health and safety</p> <p>Interview with the Nursing Home Administrator (NHA) on March 8, 2023, at approximately 12:50 PM confirmed the facility failed to develop and implement effective individualized person-center interventions to deter Resident 92's dementia-related behavior of smearing feces.</p> <p>28 Pa. Code 211.16(a) Social Services</p> <p>28 Pa Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa Code 211.11(d) Resident care plan</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>26142</p> <p>Based on review of controlled drug records and select facility policy and staff interview, it was determined that the facility failed to implement procedures to promote accurate controlled medication records on two of six medication carts and for one of five residents sampled (Resident 9) .</p> <p>Finding include:</p> <p>A review of the Narcotic and Controlled Substances Shift to Shift Count Sheets for the A Hall medication carts on March 7, 2023, at 7 PM revealed that the on-coming nurse and/or off-going nurse failed to sign the sheets during the various shifts on the following dates to verify counts of controlled drugs in the respective medication carts: March 2, 2023, 7 A.M. to 3 P.M., 3 P.M. to 11 P.M. and 11 P.M. to 7 A.M shift, March 3, 2023, 7 A.M. to 3 P.M. shifts and on the B Hall medication cart on March 5, 2023, the 3 P.M to 11 P.M. and the 11 P.M to 7 A.M. nurse failed to sign the shift narcotic sheet.</p> <p>A review of the clinical record revealed that Resident 9 had a physician orders dated January 21, 2023, for Hydrocodone/APAP (a narcotic opioid and non narcotic pain medication) 5/325 mg Tablet, every 4 hours, as needed for moderate pain, pain scale 4-6 (a pain scale, 1-10, 1 least pain, 10 most pain and give 2 pills (10/650 mg by mouth, as needed for severe pain, 7-10).</p> <p>A review of the controlled substance record accounting for the above narcotic medication revealed that on January 25, 2023 at 8:15 A.M., January 26, 2023 at 8 A.M, January 26, 2023 at 5:33 P.M, January 27, 2023 at 8 A.M., January 31, 2023 at 8:25 A.M., February 1, 2023 at 8:10 A.M., February 1, 2023 at 4:30 P.M. and March 3, 2023 at 2 P.M., nursing signed out a dose of the resident's supply of Hydrocodone/APAP 5/325 mg . However, the administration of the controlled drug to the resident was not recorded on the resident's Medication Administration Record on those dates and times.</p> <p>There also was no documentation on the resident's monthly MAR if one or two pills were given.</p> <p>During an interview, March 9, 2023 at approximately 11 AM the Director of Nursing confirmed the inconsistencies in the accounting and administration of the opioid pain medications for the above resident and confirmed the missing signatures on the shift change narcotic sign sheets.</p> <p>28 Pa Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services.</p> <p>28 Pa Code 211.9(a)(1)(k)Pharmacy services.</p> <p>28 Pa Code 211.5(f)(g)(h) Clinical records</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on a review of clinical records and staff interview it was determined that the facility failed to ensure that the pharmacist conducted drug regimen reviews at least monthly for one resident (Resident 9) out of five sampled.</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 9 was admitted to the facility on [DATE], and had diagnoses that included schizophrenia, depression and anxiety.</p> <p>A review of Resident 9's clinical record conducted at the time of the survey ending March 10, 2023, revealed no evidence at the time of the survey that the pharmacist had conducted drug regimen reviews at least once a month between September 2022 and November 2022.</p> <p>During an interview with the Director of Nursing on March 8, 2023, at approximately 2:00 p.m., it was confirmed that there was no evidence the pharmacist conducted monthly drug regimen reviews as required.</p> <p>28 Pa. Code 211.9(a)(1)(k) Pharmacy services.</p> <p>28 Pa. Code 211.2(a) Physician Services</p> <p>28 Pa. Code 211.5 (f)(g)(h) Clinical records</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>26142</p> <p>Based on observation, select facility policy review and staff interview, it was determined that the facility failed to implement procedures to ensure acceptable storage and use by dates for multi-dose medications on four of five medication carts observed (A, B, C and D hallway medication carts and including Residents 25, 65, 68, 33, 75, 37, 120, 58, 6, 115, 243 and 100)</p> <p>Findings include:</p> <p>A review of facility policy entitled Medication administration Policy last reviewed by the facility January 2023, indicates that medications shall be administered in a safe and timely manner, and as prescribed. When opening a multi-dose container, place the date on the container.</p> <p>Observation of the station B, C hall medication cart on March 7, 2023, at approximately 7:10 PM, revealed two Novolog Flex Pens (medication used for diabetes) belonging to Resident 115, and Resident 243, opened and available for use and not dated when initially opened.</p> <p>A further observation the station B, C hall medication cart on March 7, 2023, at approximately 7:10 PM, revealed a Levemir vial (medication used for diabetes) belonging to Resident 100, opened and available for use and not dated when first opened.</p> <p>The above observations where in the presence of Employee 4, Licensed Practical Nurse (LPN), and Employee 4, LPN, confirmed these observations and stated that the insulin pens and vial where open and in use and should have been dated when first opened to ensure acceptable storage times.</p> <p>An observation dated March 7, 2023 at approximately 7:15 P.M., the A, B hallway medication cart revealed the following multi-dose medications in use for the following residents lacking an initial open date:</p> <p>Resident 25 - Lispro insulin vial and Insulin ASPART vial</p> <p>Resident 65- Lispro insulin vial</p> <p>Resident 68- Lantus Solo insulin injectable pen</p> <p>Resident 33 - Basaglar insulin injectable pen</p> <p>Resident 75- Novolog insulin vial</p> <p>Resident 37- Novolog injectable pen</p> <p>Resident 120 -Lantus insulin vial</p> <p>Resident 58- Lispro insulin injectable and Levemir insulin injectable pen</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 6 - Novolog insulin flex pen.</p> <p>Manufacturers' instructions for use indicate that these insulins should be used within 28-30 days of opening.</p> <p>Additionally, in the B-C medication cart, was an unlabeled, opened Forteo injectable pen (an injectable medication for osteoporosis) and two labeled opened Lispro insulin flex pens.</p> <p>The observations were made in the presence of Employees 12 (LPN) and 17 (LPN).</p> <p>Interview with the Nursing Home Administrator (NHA) on March 9, 2023, at approximately 9:40 AM, confirmed that medications were to be dated when first opened and labeled correctly.</p> <p>28 Pa. Code 211.9 (a)(1)(k) Pharmacy services</p> <p>28 Pa. Code 211.12 (a)(c)(d)(3)(5) Nursing services</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43944</p> <p>Based on observations and staff and resident interviews it was determined that the facility failed to serve food at palatable temperatures.</p> <p>Findings included:</p> <p>During an interview with Resident 20 on March 9, 2023, at 8:30 AM, the resident stated that her breakfast was ice cold and unpalatable. She stated that cold food has been a problem over the past few weeks, especially at breakfast. Resident 20 requested another breakfast tray and asked surveyor to touch her pancake. When touched, the pancake was cold to touch.</p> <p>During a tour of the kitchen with the facility's Certified Dietary Manager on March 9, 2023, at 11:44 AM, revealed that that the facility's pellet warmer [a device used in food service to keep the dinner plates warm] was broken and had been sent out to the company to be fixed 3-weeks ago, which was negatively affected the ability to maintain food at acceptable and palatable temperatures.</p> <p>During an interview with the Nursing Home Administrator (NHA) on March 10, 2023, at 9:45 AM, revealed that during his morning rounds of the facility residents voiced complaints of cold breakfasts and that he recently was informed of the broken pellet warmer in the kitchen and that it had been sent for repair weeks ago.</p> <p>28 Pa. Code 211.6 (c) Dietary services</p> <p>28 Pa. Code 207.2 (a) Administrator's responsibility</p> <p>28 Pa. Code 201.29 (j) Resident rights</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43944</p> <p>Based on observation, a review of select facility policy and staff interview, it was determined that the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of food-borne illness.</p> <p>Findings include:</p> <p>Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food).</p> <p>Review of a facility policy entitled Infection Control: Use and Storage of Food and Beverage Brought in for Residents that was reviewed by the facility January 2023, indicated that foods requiring refrigeration will be received by a facility designee and examined for quality and ensure that proper storage including labeling and dating. Each item requires proper labeling and dating of each item and left-over foods will be used within 3-days or discarded.</p> <p>Observation during a tour of the dietary department on March 7, 2023, revealed a non-functioning steam table filled with a pile of orange rags, supplies, and other clutter inside of the heating wells.</p> <p>Debris was observed in the cook's drawers containing serving utensils and other cooking equipment.</p> <p>The wire rack above the 3-compartment sink housing clean stock pots felt sticky and dust was adhered to the surface.</p> <p>Employee sweatshirts and jackets were observed on the top of the rack holding the clean dessert plates.</p> <p>The blades of a floor fan observed underneath the tray line, were coated with dust and debris.</p> <p>During a tour of the of the B Nurse's Station kitchenette on March 9, 2023, at 9:26 AM, dirt and paper debris accumulated on the perimeter of the floor. Inside of the sink there was a thick milky substance with reddish pieces left in the base and collected in the drain. There was a sign on the cabinet underneath the sink noting no storage under sink. Observation revealed a heavy build up black particles, a decaying piece of food, a roll of toilet paper, and a dirty take-out container under the sink.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Further observation of the B Nurse's Station kitchenette refrigerator revealed a 0.35-pound plastic container of peeled garlic labeled for Resident 133 that was not dated and had a dinner from a deli dated March 5, 2023, that was not discarded within three days as per facility policy. A container of chicken noodle soup and a plastic container of food with a blue lid labeled for Resident 28 were not dated.</p> <p>During a follow-up tour of the kitchen with the facility's Certified Dietary Manager on March 9, 2023, at 11:44 AM, revealed that that the facility's pellet warmer [a device used in food service to keep the dinner plates warm] was broken and had been sent out to the company to be fixed 3-weeks ago and as a result the temperature of the meals, especially breakfast decreased.</p> <p>During an interview with the Nursing Home Administrator (NHA) on March 10, 2023, at 9:45 AM, revealed that he recently was informed of the broken pellet warmer in the kitchen and that it had been sent for repair weeks ago. The administrator verified that the dietary department and kitchenette areas were to be maintained and that food should be stored in a sanitary manner. Also, confirmed that kitchen equipment should be repaired or replaced in a timely manner to maintain the palatability of food.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p> <p>28 Pa Code 211.6(c) Dietary services</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on clinical record review and staff and resident interview it was determined the facility failed to maintain accurate and complete clinical records reflecting the medical care of one resident out of 29 sampled (Resident 7).</p> <p>Findings included:</p> <p>A review of the clinical record revealed Resident 7 was admitted to the facility on [DATE], with diagnoses including diabetes mellitus and disorder of the thyroid.</p> <p>The resident's clinical record revealed that on February 27, 2023, the CRNP (certified registered nurse practitioner) ordered a consult for the resident with an endocrinologist (medical practitioner specializing in the diagnosis and treatment of disorders with the endocrine gland) after reviewing the resident's laboratory results. An appointment was scheduled on March 8, 2023 at 10:40 AM.</p> <p>Interview with Resident 7 on March 14, 2023, revealed she had an appointment with the endocrinologist on March 8, 2023, and was concerned about the outcome of that visit and the recommendations from that physician.</p> <p>A review of this resident's clinical record revealed no documented evidence that the resident had left the facility to attend the appointment on March 8, 2023, or the results of that appointment upon the resident's return to the facility.</p> <p>Following survey inquiry on March 14, 2023, the endocrinologist called to the facility and provided orders for the resident's insulin.</p> <p>Interview with the NHA (nursing home administrator) on March 14, 2023, confirmed there was no documented evidence the resident left and returned to the facility for an appointment on March 8, 2023, and the outcome of the visit until orders were received on March 14, 2023, following surveyor inquiry .</p> <p>28 Pa. Code 211.12 (a)(d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.5(f)(h) Clinical records</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>26142</p> <p>Based on observation and staff interview, it was determined that the facility failed to maintain infection control practices and a sanitary environment for handling resident linens and laundry and storage of personal protective equipment.</p> <p>Findings include:</p> <p>During an observation on March 8, 2023, at approximately 4 P.M., clean resident clothing hanging on two racks were observed in the dirty laundry area located within the facility's laundry area. There was two overflowing bins of dirty resident clothing in this same room with the clean laundry</p> <p>An interview at the time of the observation with Employee 16 (laundry aide), revealed that the employee stated that there was a call off in the laundry department that day and also an employee scheduled to be off that day. Employee 16 was working by himself at that time. He stated that the two bins of dirty laundry were accumulated during the last two days and because of staffing in the laundry, he couldn't get the personal laundry done. Employee 16 also stated that he was trying to get the clean linen folded and stacked on the linen carts to be ready for delivery to the resident units. He stated that his regular job was to clean, fold and deliver the residents personal laundry to the resident units.</p> <p>Continued observations on March 8, 2023, at 4:15 PM of the clean area of the laundry revealed two very large piles of clean resident personal laundry on top of wooden pallets on the floor. There was a clothing rack with a small amount of clean resident clothing hanging on it. There was a pile of clean resident socks in a bin. Employee 16 stated that the residents' personal laundry does not get returned to residents for two or three days or more and remains piled in the laundry due to staffing and labeling issues.</p> <p>An observation March 8, 2023, at 10 AM in the facility's gym, a large open area now housing resident medical care supplies, resident equipment and maintenance supplies, revealed eight resident room trash cans with garbage in them stacked in the corner of the room. On top of the stacked garbage cans, there were multiple over-the-door isolation equipment totes containing PPE (personal protection equipment) in the tote pockets to include surgical masks, N 95 masks, gowns and goggles.</p> <p>An observation March 8, 2023 at 10:15 A.M. in the Medbridge hallway classroom revealed there were multiple over-the-door isolation equipment totes containing PPE (personal protection equipment) in the tote pockets including, surgical masks, N 95 masks, gowns and goggles hanging on the walls.</p> <p>The observations were confirmed by the Nursing Home Administrator on March 8, 2023, and the NHA verified that PPE should be stored in a sanitary manner.</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(3)(5) Nursing Services</p> <p>28 Pa. Code 211.10(a)(d) Resident care policies</p>		