

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155327	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/23/2013
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NAME OF PROVIDER OR SUPPLIER  UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaints IN00127162 and IN00127492.</p> <p>This visit was in conjunction to the Recertification and State Licensure Survey.</p> <p>Complaint IN00127162 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223.</p> <p>Complaint IN00127492 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: April 15, 16, 17, 18, 19, 22, and 23, 2013</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Survey team: Leia Alley, RN-TC Patten Allen, BSW Marcy Smith, RN Dinah Jones, RN</p> <p>Census bed type: SNF: 26</p>	F000000	<p>This plan of correction is to serve as University Heights Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by University Heights Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>SNF/NF: 122 TOTAL: 148</p> <p>Census payor type: MEDICARE: 26 MEDICAID: 93 OTHER: 29 TOTAL: 148</p> <p>Sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on May 02, 2013; by Kimberly Perigo, RN.</p>						

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F000223 SS=D	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to keep a resident free from sexual abuse for 1 of 4 resident reviewed for abuse. (Resident #E.)</p> <p>Findings Included:</p> <p>A facility report titled Resident Reported Abuse, dated 4/7/13, was reviewed on 4/22/13 at 9:30 a.m.</p> <p>The report indicated that Resident #E reported an allegation of being touched inappropriately by Resident #M on 4/7/13.</p> <p>Review on 4/22/13 at 10:00 a.m., of Resident #E's Quarterly Minimum Data Set (MDS) assessment indicated Resident #E scored a 14/15 for the Brief Interview for Mental Status (BIMS), which indicated Resident #E was cognitively intact (having no memory or mental issues).</p>	F000223	<p><b>F 223 483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</b></p> <p>I. Resident #E was protected immediately from abuse, when the incident was reported, by constant supervision of the resident that was accused. Resident #M no longer resides at the facility.</p> <p>II. Facility staff immediately began to interview other alert and oriented residents residing on the same hall as Resident #M, and no other concerns were noted or reported.</p> <p>III. The systemic change includes that any resident referred from, or with a recent stay at a special care, locked unit for a person with dementia, and/or a resident with multiple episodes of wandering and a diagnosis of Dementia, prior to admission, will be reviewed by the Director of Nursing, Administrator or designee to determine risk of intrusive wandering. Appropriate decisions will be made and care plan</p>	05/23/2013

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	<p>During an interview on 4/22/13 at 3:00 p.m., with Resident #E, they indicated being touched inappropriately, by another resident in the facility, and reported it. Resident #E indicated Resident #M (alleged perpetrator) lived on the same hall they did and came into other residents rooms often, and "walked around a lot."</p> <p>The clinical record for Resident #M was reviewed on 4/23/13 at 11:00 a.m.</p> <p>Diagnoses included but were not limited to Alzheimer's disease and dementia.</p> <p>Resident #M was admitted to the facility on 4/5/13.</p> <p>Resident #M's Minimum Data Set (MDS) assessment, dated 4/9/13, indicated Resident #E scored a 1/15 for the Brief Interview for Mental Status (BIMS), which indicated Resident #M was severely cognitively impaired (very confused with poor or impaired judgement).</p> <p>Hospital discharge paperwork for Resident #M dated 4/4/13, indicated the following:</p>		<p>interventions put in place to supervise the resident after admission. If a private room is available, it may be utilized or the roommate situation will be considered. Appropriate interventions for intrusive wandering and/or for placement on the Memory Care Unit (Alzheimer Unit) will be considered prior to admission and when intrusive wandering occurs. If it is determined that the resident's needs require admission to the Memory Care Unit or a private room and a bed is not available, the admission will be declined or delayed until a qualified bed or placement on the Memory Care Unit is available.</p> <p>Education will be provided to Admissions Personnel, Assistant Administrator, Administrative nurses, Social Services and nursing staff regarding the systemic change.</p> <p>IV.</p> <p>The Director of Nursing and/or Administrator or designee will audit all new admission inquiries for the need of a bed on the Memory Care Unit, and for intrusive wandering with each admission inquiry. The Unit Manager or designee will audit the Matrix documentation for intrusive wandering daily (Monday through Friday) at the clinical meeting and for an appropriate intervention. In addition, the weekend supervisor will audit for</p>				

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	<p>"Patient had some agitation overnight, was trying to get up and walk" "History/Indication: Falls, confused, has Alzheimer's" "Assessment and Plan, Physical Therapy working with patient, will need to be careful with patient in the future, as he is a fall risk and will be on anticoagulation. Patient with some confusion, think that this is delirium in the setting of dementia." "Patient has been trying to get up and wander."</p> <p>A facility nurses note dated 4/5/13 at 8:00 p.m., the date of Resident #M's admission, indicated "Res [resident] found in hallway naked, was combative with staff when redirecting to room and dressing, attempted to hit, kick, punch and scratch. ADON (Assistant Director of Nursing) notified of behavior, res [resident] ref [refused] to go to bed, was asst by staff x2 [2 staff assisting] to chair in hall by nurses station."</p> <p>A facility nurses note dated 4/5/13 at 9:55 p.m., indicated "Resident has gone into room 500, was pacing and playing with bed controls, fidgeting with linens, has toileted, large formed BM [bowel movement] has put self in bed in room 500, currently asleep."</p>		<p>intrusive wandering on the weekends and place an appropriate intervention. The audit will continue for a total of 12 months. The results of these reviews will be discussed at the facility Quality Assurance Committee meeting monthly for 12 months, and the frequency and duration of the reviews may be increased if needed. Date of completion: May 23, 2013</p>				

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	<p>A facility nurses note dated 4/6/13 at 1:02 p.m., indicated "this writer found resident asleep in room 500 this am [morning] took resident back to [indicates gender] room [indicates room number] changed [indicates gender] and has call light and bed side table ate 50% of breakfast then resident was found wandering with no clothing on by CNA (Certified Nurses Assistant) took back to room and put gown and brief on resident later in the morning resident was found in 501 urinating on floor. resident was again taken back to [indicates room number] and given lunch resident was counting aloud from 1-10 repeatedly and would not respond to this writer went back and checked on residents lunch tray and [indicates gender] was eating resident seems very confused and unaware of surroundings resident was not combative this shift just could not keep [indicates gender] still for long resident wanders without using walker and takes slip socks off he is considered a fall risk however."</p> <p>The clinical record indicated Resident #M was placed on 1:1 observation (a staff person with resident at all times) on 4/8/13 after the allegation of having touched Resident #E inappropriately was reported.</p>						

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	<p>During an interview on 4/23/13 at 10:15 a.m., with the Assistant Administrator, she indicated since Resident #E was cognitively intact she believed Resident #E's allegation to be true and they decided to send Resident #M to a psychiatric facility for evaluation and treatment. She also indicated she was aware that Resident #M lived in an Assisted Living community with their spouse, on a special, locked dementia care unit. She indicated at the time of Resident #M's admission, there was not a bed available on the facility's Alzheimer's care unit and assumed that due to recent hospitalization he was debilitated and not able to walk or wander.</p> <p>During an interview with the Admissions personnel on 4/23/13 at 10:30 a.m., she indicated that a corporate nurse evaluates the residents records while at the hospital and sends the paperwork to her for review, then she hands the paperwork off the Director of Nursing (DON) for further review. She indicated Resident #M came as a "Silent Referral" which is a back up plan for when facility placement is not the family's first choice. She did not indicate if she knew Resident #M was formerly living on a special care,</p>			

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	<p>locked unit for persons with dementia.</p> <p>During an interview with the Director of Nursing at 11:00 a.m. on 4/23/13, she indicated she can only remember reviewing the medication records for Resident #M and thought he may have had some issues with major depression. She indicated she was aware Resident #M lived in an assisted living community formerly, but did not indicate she was aware it was a special care, locked unit for persons with dementia.</p> <p>A facility policy titled "Abuse Prevention", dated April, 2011, stated "Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse."</p> <p>This Federal tag relates to Complaint IN00127162.</p> <p>3.1-27(a)(1)</p>				