

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155567	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2014
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 MEDICAL PARK DR FORT WAYNE, IN 46825
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F000000	<p>This visit was for the Investigation of Complaints IN00153151.</p> <p>Complaint IN00153151 Substantiated. Federal/ State deficiencies related to the allegations are cited at F441 and F514.</p> <p>Survey dates: July 28, and 29 2014</p> <p>Facility number : 000459 Provider number: 155567 AIM number: 100289700</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 47 Total: 50</p> <p>Census payor type: Medicare: 4 Medicaid: 36 Other: 10 Total: 50</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000		
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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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F000441 SS=E	<p>Quality review completed by Debora Barth, RN.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>			
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	<p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to adequately store soiled linens in 6 rooms, potentially affecting 9 residents. (Rooms 115, 116, 200, 208, 211, & 215)</p> <p>Findings include:</p> <p>During initial tour on 7-28-2014 at 10:45 a.m., the following was observed: In room 116, a washcloth was observed on the floor of the room between the bed and the overbed table. The washcloth was still damp. In room 115, 2 face towels were draped over the arms of a room chair. The towels were dry, but the nap appeared as if the towel had been used recently. In room 200, a towel was observed on the floor between the bed and the night stand. the towel was slightly damp. In room 208, soiled linen was in a wheelchair. A dry crumpled washcloth was observed on top of the pile. In room 211, a crumpled washcloth was hung from the drawer opening, and 2 face towels were observed hanging from the side of the overbed table as if drying. In room 215, linen was observed stacked in a wheelchair with a towel crumpled on the top of the stack.</p>	F000441	The soiled linens were removed from rooms 115, 116, 200, 208 211 & 215. all resident rooms were checked for extra and soiled linens. All linens found were removed. Nursing staff was re educated in "Proper Linen Handling." See attachment 1A and sign in sheets, attachment 1B & 1C. 10 rooms will be monitored daily for proper linen handling x 4 weeks, then 10 rooms twice weekly x 4 weeks, then 10 rooms weekly until resolved using the QA tool titled "Linen Handling." See attachment 1D - 1G. Results of the audits will be forwarded to the QA & A monthly for 3 months and then quarterly thereafter.	08/08/2014

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	<p>A facility census provided by the Director of Nursing on 7-28-2014 at 10:45 a.m. indicated the following:</p> <ul style="list-style-type: none"> 1 resident resided in room 116, 1 resident resided in room 115, 1 resident resided in room 200, 2 residents resided in room 208, 2 residents resided in room 211, and 2 residents resided in room 215. <p>In an interview on 7-28-2014 at 10:58 a.m., the Housekeeping and Laundry Supervisor indicated linens were to be transported to the rooms as needed and not stored in the rooms. She additionally indicated after linens were utilized, they should be put into the soiled linen containers to be laundered for the next use. Additionally, she indicated there was enough linen in the facility for one time use.</p> <p>In an observation on 7-28-2014 at 10:48 a.m., full linen cabinets were observed on each unit.</p> <p>A current undated policy titled "Infection Control" provided by the Administrator, on 7-29-2014 at 10:16 a.m., indicated under the heading proper linen handling ..."c. Dirty/soiled linen is placed in plastic bag before leaving resident room. d. Linen is not placed on floor or over bed</p>			

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F000514 SS=D	<p>table."</p> <p>This Federal tag relates to Complaint IN00153151.</p> <p>3.1-19(g)(1)(2)(3)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to accurately document a physician order for 1 of 5 residents reviewed with physician's orders in a sample of 5 (Resident #B).</p> <p>Findings include: Resident #B's record was reviewed</p>	F000514	Resident B's Physician order was transcribed from the "Change of Condition" form to the physicians' order sheet and "Treatment Administration Record" immediately. The DON and her designees reviewed the Change of Condition forms from the past 30 days to assure orders were transcribed. Licensed Nurses were re educated on the "Using	08/08/2014			

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	<p>7-28-2014 at 1:29 p.m. Resident #B's diagnoses included, but were not limited to, high blood pressure, and subarachnoid hemorrhage.</p> <p>A change of condition record, dated 7-22-2014, indicated a new pressure area presenting as a blister on Resident #B's coccyx had been identified. The area measured 2 cm (centimeters) x 2 cm. The area had skin intact over the blister. The record further indicated the Nurse Practitioner had been notified, and an order was received for mepilex to be changed every 3 days and as needed for soilage.</p> <p>During an observation on 7-28-2014 at 3:45 p.m., CNA #3 assisted RN #1 to turn Resident #B. An undated occlusive dressing was observed on Resident #B's coccyx. RN#1 proceeded to change the dressing. The area presented as a 2 cm x 2 cm area of denuded skin. The wound base was pink. The area around the wound was pink, blanchable, and without redness.</p> <p>A review of Resident #B's physician's orders did not indicate the order had been transcribed from the Change of Condition form to the physician's order sheet.</p> <p>A review of Resident #B's Medication</p>		<p>the Physician Order Writer" See attachment 2A - 2I. See sign in sheet, Attachment 2J. All "Change of Condition Sheets" are being reviewed by the DON or her designee daily to be certain any orders received via this form are transcribed to the physicians order sheet and the "Treatment & Medication Sheets" as indicated, on the QA form titled, "Documentation of Physicians' Orders." See attachment 2K. Results of the audits will be forwarded to the QA&A monthly for 3 months and then quarterly thereafter.</p>	

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	<p>and Treatment Administration Records, dated July 2014, did not indicate the order had been transcribed to either of those records.</p> <p>A review of Nurse's notes, dated between 7-22-2014 and 7-28-2014, did not indicate the dressing had been changed.</p> <p>In an interview, on 7-28-2014 at 4:00 p.m., LPN #2 indicated she had received the order for the treatment on 7-22-14, and had entered it into the computer, but was not sure where the order went after that. She further indicated she had changed the dressing on 7-25-2014, had intended to make an entry on the Treatment Record, but had become too busy, and forgotten.</p> <p>A current training aid titled Using the physician order writer, dated 2011 and provided by the Administrator on 7-29-2014 at 10:16 a.m., indicated "...Step 14. Click on the summary tab and review order, start time and date, stop time and date. Step 15 click on the add sign to add another order. Step 16 click the phone box to indicate the order has been given by a physician and then click complete. Review the Resident Summary page."</p> <p>This Federal tag relates to Complaint</p>						

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

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	IN00153151. 3.1-50(a)(2)				