

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 09/27/2016
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00210059.</p> <p>Complaint IN00210059 - Substantiated. Federal/State deficiencies related to the allegations are cited at F241, F315, F323, and F465.</p> <p>Survey dates: 9/26/16 and 9/27/16</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Census bed type: SNF/NF: 47 SNF: 0 NF: 0 Total: 47</p> <p>Census payor type: Medicare: 3 Medicaid: 40 Other: 4 Total: 47</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 29081 on</p>	F 0000	<p>This Plan of Correction is for the Investigation of complaint IN00210059 at University Park Health and Rehabilitation Center by the Division of Long Term Care, Indiana State Department of Health beginning on September 27, 2016.</p> <p>This Plan of Correction is not an admission of guilt to any findings cited during the above mentioned survey, but is to serve as compliance with the regulations as required. With the submission of this Plan of Correction, we respectfully request desk compliance.</p> <p>Thank you</p>	

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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F 0241 SS=D Bldg. 00	<p>September 28, 2016.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident's indwelling urinary catheter collection bag was not visible. This deficiency affected 1 of 1 resident who had an indwelling urinary catheter collection bag was uncovered and visible (Resident #E).</p> <p>Findings include:</p> <p>On 9/26/16 at 11:00 A. M., observed Resident #E sitting in his wheelchair in the facility's living room with 12 other residents present. The Resident's indwelling urinary catheter bag was hanging under the resident's wheelchair and there was yellow urine observed in the Indwelling urinary catheter collection bag.</p>	F 0241	<p>F241 It is the practice of the facility to provide dignity and respect to residents with indwelling urinary catheter collection bags by covering and ensuring not visible. Resident E urinary catheter collection bag is covered and not visible. No negative affects has been observed by this practice. Residents residing in the facility with urinary catheter collection bags will be reviewed for bag coverage and visibility. Nursing staff will be re-educated on providing dignity and respect by covering indwelling urinary catheter collection bags ensuring not visible by the DSD and/or designee. Department Heads will review coverage and visibility of residents with urinary catheter collection bags during caring partner rounds. Any non-compliance will be reviewed during morning meeting daily x 5 days. Trends will be reviewed in QA</p>	10/27/2016

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	<p>On 9/26/16 at 11:45 A.M. observed the resident in the dining room sitting in his wheelchair with the urinary catheter collection bag was hanging under the resident's wheelchair with yellow urine observed in the resident's urinary catheter collection bag.</p> <p>On 9/26/16 at 11:55 A.M. observed with CNA # 2, Resident # E's indwelling urinary catheter collection bag was not covered. CNA #2 obtained a cloth bag and placed the resident's indwelling urinary catheter collection bag inside the cloth bag.</p> <p>On 9/26/16 at 2:00 P.M. observed from the doorway of Resident #E's room, the resident was laying in his bed and the indwelling urinary collection bag was hanging on the resident's bed frame and had yellow urine in the urinary collection bag.</p> <p>Resident #E's chart was reviewed at 9/26/16 at 2:30 P.M. indicated Resident #E's diagnosis included, but were not limited to, urethral stricture.</p> <p>On 9/27/16 at 3:00 P.M. Physician Orders dated 9/22/16 indicated the resident had the Indwelling Urinary catheter due to a diagnosis of urethral stricture and further indicated "Foley</p>		<p>monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs.</p> <p>Director of Nursing will do random checks of these reviews to ensure coverage and visibility of resident urinary catheter collection bags is being provided. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one on one re-education with repeat non-compliance resulting in disciplinary action per policy. Any identified trends will be forwarded to the Executive Director for review and presented to QA to determine further educational needs.</p> <p>Completed by October 27, 2016 Requesting desk review</p>	

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	<p>Catheter: Indwelling foley catheter to Gravity Drainage until follow up with Urologist."</p> <p>On 9/27/16 at 3:15 P.M. interview with the Director of Nursing Services (DNS) indicted the resident had readmitted to the facility from the hospital on 9/16/26 with the urinary catheter.</p> <p>On 9/27/16 at 3:40 P.M. DNS indicated resident #E had returned from the hospital with the indwelling urinary catheter and was not to be removed until 1 week prior to Urologist's appointment. The DNS further indicated the facility has urinary catheter collection bags with a blue material that covers the front of the indwelling urinary catheter collection bag to prevent observation of the urine flow. DNS further indicated Resident #E did not have one of the facilities urinary catheters collection bags because the resident had returned from the hospital with the indwelling urinary catheter system the resident currently used by the resident, but the bag should have been protected from visual view.</p> <p>This Federal tag relates to Complaint #IN00210059.</p> <p>3.1-3(t)</p>			

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F 0315 SS=D Bldg. 00	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to ensure assistance was given to a resident identified as requiring assistance with toileting and incontinence care for 1 of 2 residents reviewed for incontinence (Resident #F).</p> <p>Findings include:</p> <p>On 9/26/16 at 11:52 A.M., Resident #F's bed mattress was observed without bed sheets. The middle of the mattress had a large, grey to black discolored area with streaks of brown debris. The room and mattress had a very strong ammonia odor.</p>	F 0315	<p>F315 It is the practice of this facility to provide identified residents with required assistance with toileting and incontinence care. Resident F was assisted with incontinence care. IDT will meet and review opportunities to assist resident with toileting and incontinence care. Care plans to be reviewed and updated as necessary. Residents residing in the facility with toileting and incontinence care needs will be reviewed for any necessary or appropriate changes. Care plans will be reviewed and updated as necessary. Nursing staff will be re-educated on providing identified residents with required assistance with toileting and incontinence care by DSD</p>	10/27/2016

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	<p>On 9/26/16 at 1:10 P.M., Resident #F was observed lying in his bed. He was lying on a sheet and was covered by a blanket. Resident #F's room smelled of very strong ammonia.</p> <p>On 9/26/16 at 1:13 P.M., during an interview, CNA #3 indicated Resident #F's room and mattress smelled very strongly of ammonia. CNA #3 indicated Resident #F refused to wear briefs and staff provide assistance when he is observed to be soiled.</p> <p>On 9/26/16 at 1:50 P.M., LPN #1 was observed to go to Resident #F's room where Resident #F was found out of bed and walking towards the door. Resident #F was observed with wet areas covering the back bottom half of his sweatshirt and the back top half of his sweatpants. Resident #F smelled strongly of ammonia. LPN #1 directed Resident #F to his bathroom and indicated she would return with some washcloths to assist him with washing up.</p> <p>On 9/26/16 at 1:55 P.M., Resident #F was observed to leave his room and walk down the hallway towards the solarium. Resident #F was observed wearing the sweatshirt with wet area covering the bottom half of back of sweatshirt and the top half of back of sweatpants. Resident</p>		<p>and/or designee.</p> <p>Department Heads will review toileting and incontinence needs of residents during caring partner rounds daily. Any non-compliance will be reviewed during morning meeting daily x 5 days. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs.</p> <p>Director of Nursing will do random checks of these reviews to ensure toileting and incontinence needs of residents are being met. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one on one re-education with repeat non-compliance resulting in disciplinary action per policy. Any identified trends will be forwarded to the executive director for review and presented to QA to determine further educational needs.</p> <p>Completed by October 27, 2016</p>	

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	<p>#F was observed to sit on the couch in the solarium. LPN #1 was notified at this time, that Resident #F was walking down the hall and had sat down in the solarium on the sofa.</p> <p>On 9/26/16 at 2:05 P.M., PTA (Physical Therapy Aid) #5 was observed speaking to Resident #F in the solarium. PTA #5 asked Resident #F to stand up. Resident #F stood up and his wet sweatpants were noted to be part way down his buttocks and his wet sweatshirt was pulled part way up his back. PTA #5 asked Resident #F to pull his pants up which he did. PTA #5 then walked with Resident #F to the therapy room where he was seated in a chair.</p> <p>On 9/26/16 at 2:15 P.M., Resident #F was assisted back to his room to change his clothes.</p> <p>On 9/27/16 at 9:35 A.M., CNA #2 was interviewed. During the interview, she indicated Resident #F toileted himself and refused to wear briefs. CNA #2 indicated Resident #F is not on a toileting program.</p> <p>On 9/27/16 at 9:47 A.M., PTA #5 was interviewed. During the interview, she indicated she did not notice Resident #F had a wet sweatshirt and sweatpants nor</p>			

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	<p>did she notice the strong ammonia smell when she assisted him to the therapy room on 9/26/16 at 2:05 P.M.</p> <p>On 9/27/16 at 10:00 A.M., Resident #F's record was reviewed. Diagnoses included, but were not limited to, dementia and mixed incontinence. A quarterly MDS (Minimum Data Set) assessment, dated 8/5/16, indicated a BIMS (Brief Interview Mental Status) score of 7 which indicated severely impaired cognition. The MDS indicated Resident #F was frequently incontinent of bladder and bowel and required extensive assistance of two staff persons for toileting. The MDS indicated Resident #F had no behaviors.</p> <p>A Plan of Care with a start date of 12/2/14 and revision date of 8/17/16, indicated Resident #F was incontinent of bowel and bladder due to dementia. The goal was Resident #F would not have skin issues due to incontinence. Interventions included, but were not limited to, regularly assess bowel and bladder status and management programs and clean peri-area with each incontinent episode. The Plan of Care did not indicate Resident #F refused to wear briefs.</p> <p>A Plan of Care with a start date of</p>			

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F 0323 SS=D Bldg. 00	<p>12/2/14 and revision date of 8/17/16 indicated Resident #F had an ADL self care deficit due to dementia with a goal that Resident #F would maintain or improve his current level of function. An intervention for toilet use indicated Resident #F required extensive assistance of two staff for toileting.</p> <p>Behavior documentation sheets for 9/1/16 through 9/26/16 did not indicate any behaviors nor did it indicate Resident #F had rejected care.</p> <p>This Federal tag relates to Complaint #IN00210059.</p> <p>3.1-41(a)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to implement effective preventative fall</p>	F 0323	F323 It is the practice of this facility to implement effective preventative fall interventions to prevent further falls.	10/27/2016			

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	<p>interventions to prevent further falls for 1 of 3 residents reviewed for accidents (Resident #B).</p> <p>Findings include:</p> <p>On 9/26/16 at 10:00 A.M., during the initial tour, Resident #B was observed lying in bed in her room. The DON (Director of Nursing) indicated Resident #B had several falls recently and on 9/25/16, was found to have fractures of her 2nd, 3rd, 4th, and 5th metatarsals (toes) on her left foot.</p> <p>On 9/27/16 at 9:31 A.M., CNA #4 was interviewed. During the interview, CNA #4 indicated Resident #B had just received a shower and was down in the therapy room. CNA #4 indicated Resident #B would put on her call light when she needed assistance.</p> <p>On 9/27/16 at 9:45 A.M., CNA #4 was observed to remove a chair alarm from Resident #B's room and walk with it down to the therapy room.</p> <p>On 9/27/16 at 9:50 A.M., Resident #B was observed in the therapy room with the Speech Therapist. She was in her w/c and a chair alarm was observed hanging from the chair. The Speech Therapist was interviewed. During the interview,</p>		<p>Resident B care plan reviewed for fall interventions to assist in preventing future falls. Resident's plan of care is current and up to date for resident with interventions in place.</p> <p>Residents residing in the facility with falls in the past 30 days care plan will be reviewed for effective preventative fall interventions to prevent further falls. Care plans will be reviewed and updated as necessary.</p> <p>Interdisciplinary team will review falls for effective preventative fall interventions to prevent further falls after each fall with a post occurrence documented. Director of Nursing will review care plans after IDT rounds for effective interventions placed on care plan. Executive Director will do random checks of these walking rounds to ensure effective interventions have been placed on care plans. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one on one re-education with repeat non-compliance resulting in disciplinary action per policy. Any identified trends will be forwarded to the executive director for review and presented to QA to determine further educational needs.</p> <p>Completed by October 27, 2016 Requesting desk review</p>	

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	<p>she indicated CNA #4 had just brought in the chair alarm and placed it under Resident #B.</p> <p>On 9/26/16 at 11:05 A.M., Resident #B's record was reviewed. Diagnoses included, but were not limited to, dementia, depression, osteoarthritis, muscle weakness, and kidney failure. A quarterly MDS (Minimum Data Set) assessment dated 9/12/16, indicated a BIMS (Brief Interview Mental Status) score of 11 which indicated moderately impaired cognition. Resident #B had recent falls on 9/10/16, 9/13/16 (2 falls), 9/15/16, and 9/22/16.</p> <p>A Plan of Care dated 5/4/15 with a revised goal on 9/23/16, indicated Resident #B needed supervision to limited assistance for ADL's (Activities of Daily Living) due to pain and weakness. The goal was Resident #B would be clean, dry, and well groomed. Interventions included, but were not limited to, physical assistance of one staff person for ambulation, transfers and toileting, and praise all efforts at self care.</p> <p>A Plan of Care dated 5/4/15, revised on 9/2/15, indicated Resident #B was at high risk for falls due to gait/balance problems. The goal, initiated on 5/4/15</p>			

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	<p>and revised on 9/23/16, was Resident #B would be free of falls. Interventions included, but were not limited to, resident uses bed and wheelchair electronic alarm, ensure the device is in place as needed and encourage resident to keep her bedroom door open to allow staff to hear the alarm.</p> <p>Review of SBAR-Fall Report of Incident's indicated the following:</p> <p>On 9/10/16 at 4:15 P.M., Resident #B was found in her bathroom on the floor. Resident #B indicated her knees buckled when she tried to transfer herself to the toilet. She complained of right knee pain. There were no new interventions put into place to prevent further falls.</p> <p>On 9/13/16 at 8:38 A.M., Resident #B was found in her bathroom, lying on her back with her w/c (wheelchair) behind her and her alarm sounding. Resident #B complained of pain to both knees. There were no new interventions put into place to prevent further falls.</p> <p>On 9/13/16 at 9:00 P.M., Resident #B was found with the call light in her hand, sitting on the floor in front of her recliner chair with her w/c in front of the recliner. There were no new interventions put into place to prevent further falls.</p>			

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	<p>On 9/26/16 at 11:50 A.M., The DON and Administrator were interviewed. During the interview, the DON and Administrator both indicated, there were no new fall interventions put into place for 2 falls that Resident #B had on 9/13/16.</p> <p>This Federal tag relates to Complaint #IN00210059.</p> <p>3.1-45(a)(2)</p>			

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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0465 SS=D Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interviews, the facility failed to ensure a resident's bed mattress was clean, odor free, and washed regularly for 1 of 5 resident rooms observed for cleanliness (Resident #F).</p> <p>Findings include:</p> <p>On 9/26/16 at 9:50 A.M., during the intial tour, Resident #F's bed mattress was observed without bed sheets. The middle of the mattress had a large, grey to black discolored area with streaks of brown debris. The room and mattress had a very strong ammonia odor.</p> <p>On 9/26/16 at 11:52 A.M., Resident #F's bed mattress was observed without bed sheets. The middle of the mattress had a large, grey to black discolored area with streaks of brown debris. The room and mattress had a very strong ammonia odor.</p> <p>On 9/26/16 at 1:10 P.M., Resident #F was observed lying in his bed. He was lying on a sheet and was covered by a blanket. Resident F's room smelled of very strong ammonia.</p>	F 0465	<p>F465 It is the practice of this facility to provide a clean, odor free environment.</p> <p>Resident F was assisted with care and mattress was replaced.</p> <p>Resident's plan of care will be reviewed and updated as necessary.</p> <p>Residents residing in the facility with assistance needs to provide a clean, odor free environment reviewed for any necessary or appropriate changes. Care plans will be reviewed and updated as necessary.</p> <p>Department Heads will review residents rooms for clean, odor free environments during caring partner rounds. Any non-compliance will be reviewed during morning meeting daily x 5 days. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs.</p> <p>Executive Director will do random checks of these reviews to environment is clean and odor free. Trends will be reviewed in QA monthly times 6 months and then quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one on one re-education with repeat</p>	10/27/2016

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	<p>On 9/26/16 at 1:13 P.M., during an interview, CNA #3 indicated Resident #F's room and mattress did not smell like they had been cleaned. CNA #3 indicated the room smelled very strongly of ammonia.</p> <p>On 9/26/16 at 1:15 P.M., Director of Housekeeping and Laundry was interviewed. During the interview, she indicated CNA's were responsible for cleaning resident's mattresses in between routine cleaning provided by housekeepers.</p> <p>This Federal tag relates to Complaint #IN00210059.</p> <p>3.1-19(f)</p>		<p>non-compliance resulting in disciplinary action per policy. Any identified trends will be forwarded to the executive director for review and presented to QA to determine further educational needs. Completed by October 27, 2016 Requesting desk review</p>	