

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 08/13/2013
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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 Complaint IN00132787.</p> <p>Complaint IN00132787-Substantiated, Federal/State Deficiency related to the allegations is cited at F166, F240, and F353.</p> <p>Survey Dates: August 12 & 13, 2013</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 64 Total: 68</p> <p>Census payor type: Medicare: 3 Medicaid: 53 Other: 12</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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	<p>Total: 68</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 16, 2013 by Randy Fry RN.</p>			

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F000166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on interview and record review the facility failed to resolve a concern regarding staffing shortages expressed by residents. This had the potential to affect 68 of 68 residents residing in the facility.</p> <p>Findings include:</p> <p>In an confidential interview on 8-13-2013 at 9:54 AM, a resident indicated there was not enough staff on the units at times- especially evenings- to assist him to the restroom, so, he would wet himself, then there was never enough briefs, so the staff had to run after them.</p> <p>Resident Council minutes dated May 29, 2013 indicated "weekends were terrible," (related to shortage of staff), and minutes dated August 2, 2013 indicated there was "not enough staff." There were no responses to the Resident Council minutes.</p> <p>In an interview on 8-13-2013 at 11:14</p>	F000166	<p>It is the practice of the facility to ensure that all Residents have the Right to prompt efforts to resolve grivenaces.I. The ED or DON per, resident council permission will meet with residents at the nextResident council meeting on 8/28/13, to discuss any past or current concerns, II. ED/DON will explain to the Resident Council the process for filing a concern or grievance and their right for prompt follow up, and to ensure that they understand how to file.Re-education done for the SSD on the policy also. See attachment audit tool #4 III. ED or DON will meet once a week on random days, Monday thru Friday, with Resident Council President, to ensure that prompt resolution of grievances and concerns is occurring and the deficent practice does not recur.IV. This will be monitored and audited by the ED or DON thru the QA process, of inervtews with residents at random weekly, by using the following audit tool (see Audit attachment #5), and will be brought to the monthly QMP meetings for reivew and to ensure compliance. For 6</p>	09/12/2013	

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	<p>AM, the Resident Council President indicated in the May 2013 minutes, the residents were concerned with the poor weekend staffing in the facility.</p> <p>In an interview on 8-13-2013 at 11:24 AM, RN #1 indicated resident concerns should have been addressed and resolved.</p> <p>In an interview on 8-13-13 at 2:15 PM, the Director of Nursing indicated the resident census was low, and if the facility added staff, they would be over budget.</p> <p>This federal tag relates to complaint IN00132787.</p> <p>3.1-7(a)(2)</p>		months.		

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F000240 SS=D	<p>483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate personal care products and staffing to prevent embarrassing incontinence for 3 of 5 residents reviewed in a sample of 5. (Resident #L, Resident #N and Resident #O)</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 8-13-13 at 8:42 AM. Resident #L's diagnoses included but were not limited to, heart failure, and high cholesterol.</p> <p>In an interview on 8-12-2013 at 5:02 PM, Resident #L indicated there were not enough staff late in the evenings, after supper, and at night. Resident #L indicated she had to wait to go to the restroom until too late because the staff was so busy, then sometimes there were not enough briefs and the staff had to borrow briefs from other residents. Additionally, Resident #L indicated it</p>	F000240	<p>It is the practice of this facility to care for its residents in a manner that promotes or enhances each residents quality of life.I. Residents will experience fewer incontinence episodes by relocation of emegency incontinent products to clean linen closet on each wing, for easier access to staff.II. Other residents who experience occassional incontinency were identified and interviewed to see if they had experienced the similar problems.See Audit Attachment # 1.III. Residents will be checked or changed upon arising, before and after meals, bedtime, and as needed. DON will implement call light audit tools to be done randomly weekly to ensure that call lights are answered promptly. See Attachment # 2, DON/Designee will review nursing staffing pattern daily x 7 days a week for all 3 shifts, to ensure scheduled sufficient staff occurs. Nursing staff will be re-educated regarding the central location of extra briefs,and resident care. See Audit tool attachment #3, Briefs will continue to be passed daily 7 days a week by central supply or designee. IV. The corrective actions will be</p>	09/12/2013			

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	<p>was frustrating to have to wait.</p> <p>In an interview on 8-12-2013 at 4:48 PM, CNA #2 indicated she tried as hard as she could, but most of the time, she was unable to toilet everyone every 2 hours as expected. CNA #2 further indicated although there was an emergency supply of briefs, it was hard to interrupt the nurse to get the briefs when she was busy with her own work.</p> <p>2. Resident #N's record was reviewed 8-13-2013 at 10:39 AM. Resident #N's diagnoses included but were not limited to, high cholesterol, depression, and high blood pressure.</p> <p>On 8-12-2013 at 2:10 PM, the Director of Nursing indicated Resident #N was alert, oriented and interviewable.</p> <p>On 8-12-2013 at 5:32 PM, Resident #N was observed in the doorway of the room, with call light on, the front of Resident #N's trousers were wet in approximately a softball sized area. Resident #N asked LPN #4 for help, and LPN #4 went and found CNA #5. CNA #5 assisted Resident #L to the restroom.</p> <p>In an interview on 8-12-2013 at 4:38</p>		<p>monitored by the above audit tools daily. Review results and implement remedies immediately to ensure follow thru DON or designee will .Bring results of the daily audits to the monthly QA meetings for review by the committee to enusre compliance for 6 months.V. Completed by 9/12/2013</p>				

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	<p>PM, CNA #5 indicated there was not enough time to get everything done. CNA #5 further indicated there were not enough briefs to keep everyone clean and dry.</p> <p>In an interview on 8-13-2013 at 9:54 AM, Resident #N indicated there was not enough staff to assist to the rest room in the evenings, further, Resident #N indicated he wet himself sometimes, and it was embarrassing to wet himself, then not have enough briefs to even get clean.</p> <p>3. Resident #O's record was reviewed 8-13-2013 at 11:01 AM. Resident #O's diagnoses included but were not limited to, depression and anxiety.</p> <p>On 8-12-2013 at 1:39 PM, the Director of Nursing indicated Resident #O was alert, oriented and interviewable.</p> <p>In an interview 8-13-2013 at 10:51 AM, Resident #O indicated sometimes he had to wait to go to the restroom until it was too late because sometimes in the evening there was only one staff person for several hours on the hall, and it took 2 people to transfer him with the stand up lift.</p> <p>In an interview on 8-13-2013 at 9:25</p>				

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	<p>AM, CNA #6 indicated there was a list of residents that needed briefs and the list was coded with how many briefs each resident was to have.</p> <p>A list of briefs was reviewed on 8-13-2013 at 9:32 AM, the list indicated highlighted residents received 3 briefs for a 24 hour period and residents not highlighted were to receive 5.</p> <p>This federal tag relates to complaint IN00132787.</p> <p>3.13.1-32(a)</p>				

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F000353 SS=D	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, interview and record review the facility failed to ensure adequate staffing to prevent incontinence for 3 of 5 residents reviewed in a sample of 5. (Resident #L, Resident #N and Resident #O). This resulted in residents being unnecessarily incontinent, uncomfortable and embarrassed</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 8-13-13 at 8:42 AM. Resident #L's</p>	F000353	It is the practice of this facility to provide nursing and related services to attain or maintain the highest practicable physical, mental and psycho social well being of each resident!. The facility will provide services by sufficient numbers of schdeuled staff on a 24hr basis to provide nursing care to all residents.II. All other residents would have the potential to be affected. III. DON/Designee will review all basic staffing patterns daily to ensure resident needs are met daily x 7 days a week for all 3 shifts. Staff has been added and	09/12/2013	

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	<p>diagnoses included but were not limited to, heart failure, and high cholesterol.</p> <p>In an interview on 8-12-2013 at 5:02 PM, Resident #L indicated there was not enough staffing late in the evenings after supper and at night. Further, Resident #L indicated she had to wait to go to the restroom until too late because the staff was so busy, then sometimes there were not enough briefs and the staff had to borrow briefs from other residents. Additionally, Resident #L indicated it was frustrating to have to wait.</p> <p>In an interview on 8-12-2013 at 4:48 PM, CNA #2 indicated she tried as hard as she could, but most of the time, she was unable to toilet everyone every 2 hours as expected. CNA #2 further indicated although there was an emergency supply of briefs, it was hard to interrupt the nurse to get the briefs when she was busy with her own work.</p> <p>2. Resident #N's record was reviewed 8-13-2013 at 10:39 AM. Resident #N's diagnoses included but were not limited to, high cholesterol, depression, and high blood pressure.</p> <p>On 8-12-2013 at 2:10 PM, the</p>		<p>re-allocated to provide better coverage for residents. IV. The corrective actions will be monitored daily and audited by DON/Designee(see attachment #6) and brought to the QA meeting monthly for review by the committee to ensure compliance for 6 months.V. Date completed 9/12/2013.</p>				

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	<p>Director of Nursing indicated Resident #N was alert, oriented and interviewable.</p> <p>On 8-12-2013 at 5:32 PM, Resident #N was observed in the doorway of the room, with call light on, the front of Resident #N's trousers were wet in approximately a softball sized area. Resident #N asked LPN #4 for help, and LPN #4 went and found CNA #5. CNA #5 assisted Resident #L to the restroom.</p> <p>In an interview on 8-12-2013 at 4:38 PM, CNA #5 indicated there was not enough time to get everything done. CNA #5 further indicated there were not enough briefs to keep everyone clean and dry.</p> <p>In an interview on 8-13-2013 at 9:54 AM, Resident #N indicated there was not enough staff to assist to the rest room in the evenings, further, Resident #N indicated he wet himself sometimes, and it was embarrassing to wet himself, then not have enough briefs to even get clean.</p> <p>3. Resident #O's record was reviewed 8-13-2013 at 11:01 AM. Resident #O's diagnoses included but were not limited to, depression and anxiety.</p>						

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	<p>On 8-12-2013 at 1:39 PM, the Director of Nursing indicated Resident #O was alert, oriented and interviewable.</p> <p>In an interview 8-13-2013 at 10:51 AM, Resident #O indicated sometimes he had to wait to go to the restroom until it was too late because sometimes in the evening there was only one staff person for several hours on the hall and it took 2 people to transfer with the stand up lift.</p> <p>In an interview on 8-12-2013 at 1:39 PM, the Director of Nursing indicated there were 3 residents requiring Hoyer lift with 2 staff, 1 resident requiring stand up lift with 2 staff, and 1 resident requiring transfer board with 2 staff on the east unit.</p> <p>A review of as worked staffing on East unit indicated the following: 7-15-2013, 1 CNA worked between 2 and 4 PM.; on 8-6-2013, 1 CNA worked between 2 and 5:30 PM; on 8-8-2013, 1 CNA worked from 2-4:45 PM.</p> <p>In an interview on 8-12-2013 at 4:42 PM, CNA #3 indicated the nurse tries to help if only 1 CNA is scheduled for a 2 hour time period, but sometimes staff is unable to transfer a resident</p>			

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	<p>until more help arrives.</p> <p>In an interview on 8-13-13 at 2:15 PM, the Director of Nursing indicated the resident census was low, and if the facility added staff, they would be over budget.</p> <p>This federal tag relates to complaint IN00132787.</p> <p>3.1-17(a)</p>				