

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155567	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2016
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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 Complaints IN00200366, IN200629, and IN00202178.</p> <p>Complaint IN00200366- Substantiated. Deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00200629- Substantiated. Deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00202178- Substantiated. Deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: June 7, and 8, 2016</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 4 Medicaid: 46 Other: 9 Total: 59</p>	F 0000		

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 0282 SS=D Bldg. 00	<p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on June 9, 2016 by 17934.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure treatments were completed as ordered for 2 of 3 residents reviewed for treatment completion in a sample of 5. (Resident #W and Resident #X)</p> <p>Findings include:</p> <p>1. Resident #W's record was reviewed 6-8-2016 at 10:15 AM. Resident #W's diagnoses included, but were not limited to, anemia, heart disease, and kidney</p>	F 0282	<p>F282 It is the practice of the facility to ensure physician orders are followed related to ace wraps.</p> <p>Resident #W and X assessed with no negative outcome and there were no other residents affected. House wide audit was completed 6-17-16 by DON to ensure all ace wrap orders were obtained and no further concerns were found.</p> <p>Physician/Nurse Practitioner notified by DON 6-16-16 and reviewed care plan and updated with any necessary changes.</p>	06/30/2016

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	<p>disease.</p> <p>A review of Resident #W's physician orders dated 3-24-2016 indicated Resident #W was to receive ace wraps to both lower legs to be applied in the morning and taken off in the evening.</p> <p>A review of Resident #W's TAR (Treatment Administration Record) dated May 2016 indicated there were no initials to indicate the wraps were removed on the 2nd, 3rd, 9th, 16th, or 29th. Further, there were no initials to indicate the wraps were placed on the 18th and 20th. Additionally, the TAR dated June 2016 indicated there were no initials the wraps were applied on 6-4-2016.</p> <p>In an interview on 6-8-2016 at 11:10 AM, LPN #1 indicated if treatments would have been done, they would have been documented.</p> <p>In an interview on 6-7-2016 at 11:26 AM, Resident #W indicated although things were going well at the facility, sometimes his ace wraps were not always changed when they should be, sometimes, the wraps were on 2 days at a time, when they should be taken off in the evenings.</p> <p>A review of Resident #W's quarterly</p>		<p>Residents residing in the facility, with physician orders for ace wraps, staff will follow policy and procedure by reviewing orders with physician/nurse practitioner for any necessary changes and care plans updated as needed.</p> <p>Licensed nursing staff re-educated starting on 6-9-16 and will continue until completed by DON and/designee on following physician orders, and documenting of the treatment recording when applying ace wraps and taking them off.</p> <p>DON/ and or designee will review new admissions and TAR's of current residents 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days and then monthly for three months. Trends will be reviewed in QA monthly times 6 months and quarterly thereafter to determine further education and/or further monitoring needs. This is to ensure orders are being followed.</p> <p>DON/and or designee will do random checks to ensure application of ace wraps and removal of ace wraps 5 times a week for 30 days, then 3 times a week for 30 days, then 1 time a week for 30 days and then monthly for three months. Trends will be reviewed in QA monthly times 6 months and quarterly thereafter to determine further education and/or further</p>	

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	<p>MDS (Minimum Data Set) dated 5-6-2016 indicated Resident #W's BIMS (Brief Interview for Mental Status) score was 15 out of 15. This indicated Resident #W was alert, oriented and able to answer questions appropriately.</p> <p>2. Resident #X's record was reviewed 6-8-2016 at 11:02 AM, Resident #X's diagnoses included, but were not limited to, heart disease, high blood pressure, and stroke.</p> <p>A review of Resident #X's physicians orders dated 5-26-2016 indicated Resident #X was to receive ace wraps on both lower extremities to be applied in the morning and taken off in the evening.</p> <p>A review of Resident #X's MAR (Medication Administration Record) and TAR dated May 2016 and June 2016 indicated the wraps had not been transcribed onto the documents.</p> <p>In an interview on 6-7-2016 at 11:50 AM, Resident #X indicated the staff were not wrapping his legs right all the time, and sometimes they were too busy to put the wraps on, or take them off, so Resident #X indicated he didn't ask.</p> <p>A review of Resident #X's quarterly MDS dated 3-4-2016 indicated Resident</p>		<p>monitoring needs. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p>Completed by June 30, 2016</p>	

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	<p>#X had a BIMS score of 11. This indicated Resident #X had cognitive deficits.</p> <p>During initial tour on 6-7-2016 at 10:30 AM, RN #3 indicated Resident #X was interviewable and able to answer questions appropriately.</p> <p>In an interview on 6-8-2016 at 9:48 AM, the Director of Nursing Services indicated it was understood the staff were to follow physician's orders.</p> <p>This Federal Tag is related to Complaints IN00200366, IN00200629 and IN00202178.</p> <p>3.1-35(g)(2)</p>			