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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155567 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>08/19/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>UNIVERSITY PARK HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1400 MEDICAL PARK DR<br>FORT WAYNE, IN 46825 |
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| F000000 | <p>This visit was for the Investigation of Complaint IN00154274.</p> <p>Complaint IN00154274 Substantiated. Federal/ State deficiencies related to the allegations are cited at F241, F246, F311, F315, and F353.</p> <p>Survey dates: August 17, 18, and 19, 2014</p> <p>Facility number :000459<br/>Provider number: 155567<br/>AIM number: 100289700</p> <p>Survey team:<br/>Christine Fodrea, RN</p> <p>Census bed type:<br/>SNF/NF: 51<br/>Total: 51</p> <p>Census payor type:<br/>Medicare: 1<br/>Medicaid: 41<br/>Other: 9<br/>Total: 51</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings</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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| F000241<br>SS=D  | <p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 20, 2014 by Randy Fry RN.</p> <p>483.15(a)<br/>DIGNITY AND RESPECT OF INDIVIDUALITY<br/>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 observation and interview the facility failed to provide assistance to 3 of 4 residents requiring assistance with toileting in a Sample of 4 which resulted in incontinence episodes for these residents. ( Resident #W, Resident #X and Resident #Z)</p> <p>Findings include:</p> <p>1. Resident #W's record was reviewed 8-18-2014 at 10:00 AM. Resident #W's diagnoses included, but were not limited to high blood pressure, anemia, and depression.</p> | F000241   | Residents W, X and Z were interviewed regarding their toileting program to ensure it was adequate for their toileting needs. Interviewed residents who need assistance with toileting to ensure call lights are answered timely and toileting needs are met. Nursing staff will be re inserviced on toileting procedure and answering call lights in a timely manner. Three residents will be interviewed daily x 30 days, then 3 residents 5 times per week x 4 weeks, then 3 residents 3 times per week x 2 weeks, then 3 residents weekly x 1 month, then as needed using the attached QA tool # 1. Will perform call light audits daily, on all 3 shifts, including weekends x 30 days, then 5 times per week x 4 weeks, | 09/16/2014  |  |   |  |

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|                    | <p>A monthly ADL coding summary dated August 2014 indicated Resident #W required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:54 PM, Resident #W indicated there was frequently not enough staff especially on days on the weekends to get her up when she needed to use the bathroom. Resident #W further indicated she was sometimes incontinent when staff were unable to get to her and she was often embarrassed and upset.</p> <p>2. Resident #X's record was reviewed 8-18-2014 at 1:01 PM. Resident #X's diagnoses included, but were not limited to, high blood pressure, depression, and heart failure.</p> <p>A monthly ADL coding summary dated August 2014 indicated Resident #X required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:26 PM, Resident #X indicated there was often not enough staff on the weekend for her to be taken to the bathroom in time to prevent incontinence. Resident #X further indicated she was often upset and embarrassed when this happened.</p> |               | <p>then 3 times per week x 2 weeks, then weekly x 1 month, then as needed. See Attachment # 2. Results of these audits will be forwarded to the QA &amp; A monthly for 3 months and then quarterly thereafter.</p> |                      |

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|                    | <p>3. Resident #Z's record was reviewed 8-18-2104 at 3:29 PM. Resident #Z's diagnoses included, but were not limited to, seizures, high blood pressure, and heart failure.</p> <p>A monthly ADL coding summary dated August 2014 indicated Resident #Z required extensive assist of 2 for transfers.</p> <p>In an interview on 8-18-2014 at 1:32 PM, Resident #Z indicated there was frequently not enough staff on weekends to get her out of bed or the chair and onto the toilet without having an accident. Resident #Z further indicated wetting her pants was embarrassing.</p> <p>In an interview on 8-17-2014 at 2:33 PM, CNA #1 indicated there was frequently not enough CNAs to get everyone out of bed when they needed to go to the bathroom. CNA #1 indicated residents are frequently incontinent because there are not enough staff to help.</p> <p>In an interview on 8-17-2014 at 3:08 PM, LPN #2 indicated there was frequently not enough CNAs on shift to get everyone toileted to prevent incontinence. LPN #2 indicated the Licensed nurses tried to help as they were able.</p> |               |   |                      |

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| F000311<br>SS=D  | <p>On 8-18-2014, at 1:12 PM, a bathroom call light for room 104 came on. The bathroom call light stayed on until CNA #3 answered the light at 1:28 PM. During the time the bathroom light was on, two licensed staff were conversing in the hallway beside room door #106.</p> <p>In an interview on 8-19-2014 at 9:23 AM, the Administrator indicated the facility had begun to reeducate the staff about answering call lights.</p> <p>This Federal tag relates to Complaint IN00154274.</p> <p>3.1-3(t)</p> <p>483.25(a)(2)<br/>TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS<br/>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on interview and record review the facility failed to provide restorative services as recommended by therapy for 2 of 3 residents reviewed with restorative</p> | F000311   | Resident W and Y's restorative programs were reviewed to ensure appropriateness. Staff will provide restorative as ordered. Restorative programs of other residents were reviewed to | 09/16/2014  |  |   |  |

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|  | <p>plans in a sample of 4. (Resident #W and Resident #Y)</p> <p>Findings include:</p> <p>1. Resident #W's record was reviewed 8-18-2014 at 10:00 AM. Resident #W's diagnoses included, but were not limited to, high blood pressure, anemia, and depression.</p> <p>Resident #W's Rehab/ Restorative Nursing Program dated as begun on 5-29-2014 indicated to walk 100 feet and exercise for leg strengthening 15 minutes 6 times per week.</p> <p>Resident #W's Restorative Program Flow Sheet dated July 2014 indicated Restorative exercises were completed 3 days for the week of July 1. The Flow Sheet further indicated walking was completed 2 days for the week of July 1, and 2 days for the week of July 29th.</p> <p>In an interview on 8-17-2014 at 3:54 PM, Resident #W indicated Restorative exercises were completed inconsistently. Exercise completion depended on the staff available to complete her exercises.</p> <p>2. Resident #Y's record was reviewed 8-18-2014 at 2:24 PM. Resident #Y's diagnoses included, but were not limited</p> |   | <p>ensure treatments are appropriate and are provided as ordered. Re in serviced restorative staff to ensure restorative is completed daily. MDS coordinator or her designee will monitor restorative completion 5 x per week x 1 month, then 3 times per week x 1 month, then weekly thereafter. See QA tool # 3. Results of the audits will be forwarded to the QA &amp; A monthly for 3 months and then quarterly thereafter.</p> |   |  |   |  |

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|  | <p>to, high blood pressure, dementia, and diabetes.</p> <p>Resident #Y's Rehab/ Restorative Nursing Program dated as begun on 5-31-2014 indicated Resident #Y was to be assisted to walk 150 feet and do leg strengthening exercises 15 minutes 6 times per week.</p> <p>Resident #Y's Restorative Program Flow Sheet dated July 2014 indicated Strengthening exercise were completed 5 days the week of July 1, 5 days the week of July 15th, and 3 days the week of July 29th. The flow sheet further indicated Walking was completed 2 days the week of July 1, and 4 days the week of July 15th.</p> <p>In an interview on 8-18-2014 at 1:29 PM, RN #6 indicated Restorative documentation should have been completed to include if the resident refused. RN #6 further indicated there is a certain staff member assigned to Restorative programs, but the staff member also has patient care duties, so therefore, Restorative is not given.</p> <p>This federal tag relates to Complaint IN00154274.</p> <p>3.1-36(a)(3)(A)(B)(C)(D)(E)</p> |   |   |   |  |   |  |

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| F000315<br>SS=E    | <p>483.25(d)<br/>NO CATHETER, PREVENT UTI, RESTORE BLADDER<br/>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 and interview, the facility failed to provide assistance to 3 of 4 residents requiring assistance with toileting in a Sample of 4. This resulted in these residents having urinary incontinence accidents. (Resident #W, Resident #X and Resident #Z)</p> <p>Findings include:</p> <p>1. Resident #W's record was reviewed 8-18-2014 at 10:00 AM. Resident #W's diagnoses included, but were not limited to, high blood pressure, anemia, and depression.</p> <p>A monthly ADL coding summary dated</p> | F000315       | Residents W, X and Z were interviewed regarding their toileting program to ensure it was adequate for their needs. Interviewed residents who need assistance with toileting to ensure call lights are answered timely and toileting needs are met. Nursing staff will be re in serviced on the toileting procedure and answering call lights in a timely manner. Three residents will be interviewed daily x 30 days, then 3 residents 5 times per week x 4 weeks, then 3 residents 3 times per week x 2 weeks, then 3 residents weekly x 12 month, then as needed using the QA tool # 1. Will perform call light audits daily, on all 3 shifts, including weekends x 30 days, then 5 times per week x 4 weeks, then 3 times per week x 2 weeks, | 09/16/2014           |

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|  | <p>August 2014 indicated Resident #W required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:54 PM, Resident #W indicated there was frequently not enough staff especially on days on the weekends to get her up when she needed to use the bathroom. Resident #W further indicated she was sometimes incontinent when staff were unable to get to her and she was often embarrassed and upset.</p> <p>2. Resident #X's record was reviewed 8-18-2014 at 1:01 PM. Resident #X's diagnoses included, but were not limited to, high blood pressure, depression, and heart failure.</p> <p>A monthly ADL coding summary dated August 2014 indicated Resident #X required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:26 PM, Resident #X indicated there was often not enough staff on the weekend to be taken to the bathroom in time to prevent incontinence. Resident #X further indicated she was often upset and embarrassed when this happened.</p> <p>3. Resident #Z's record was reviewed</p> |   | <p>then weekly x 1 month, then as needed. See attachment # 2. Results of the audits will be forwarded to the QA &amp; A monthly for 3 months and then quarterly thereafter.</p> |   |  |   |  |

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|                    | <p>8-18-2104 at 3:29 PM. Resident #Z's diagnoses included, but were not limited to, seizures, high blood pressure, and heart failure.</p> <p>A monthly ADL coding summary dated August 2014 indicated Resident #Z required extensive assist of 2 for transfers.</p> <p>In an interview on 8-18-2014 at 1:32 PM, Resident #Z indicated there was frequently not enough staff on weekends to get her out of bed or the chair and onto the toilet without having an accident. Resident #Z further indicated wetting her pants was embarrassing.</p> <p>In an interview on 8-17-2014 at 2:33 PM, CNA #1 indicated there were frequently not enough CNAs to get everyone out of bed when they needed to go to the bathroom. CNA #1 indicated residents are frequently incontinent because there are not enough staff to help.</p> <p>In an interview on 8-17-2014 at 3:08 PM, LPN #2 indicated there were frequently not enough CNAs on shift to get everyone toileted to prevent incontinence. LPN #2 indicated the Licensed nurses tried to help as they were able.</p> <p>On 8-18-2014, at 1:12 PM, a bathroom</p> |               |   |                      |

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| F000353<br>SS=E    | <p>call light for room 104 came on. the bathroom call light persisted until CNA #3 answered the light at 1:28 PM. During the time the bathroom light was on, two licensed staff were conversing in the hallway beside room door 106.</p> <p>This Federal tag relates to Complaint IN00154274.</p> <p>3.1-41(a)(2)</p> <p>483.30(a)<br/>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS<br/>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> |               |   |                      |

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|                    | <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 an adequate level of nursing staff to answer call lights in a timely manner, provide incontinence care, and provide restorative programs as outlined by therapy for 4 of 4 residents in a sample of 4. (Resident #W, Resident #X, Resident #Y, and Resident #Z) This staffing shortage had the potential to affect 21 of the 51 residents residing in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Resident #W's record was reviewed 8-18-2014 at 10:00 AM. Resident #W's diagnoses included, but were not limited to, high blood pressure, anemia, and depression.</li> </ol> <p>A monthly ADL coding summary dated August 2014 indicated Resident #W required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:54 PM, Resident #W indicated there was frequently not enough staff especially on days on the weekends to answer her call</p> | F000353       | <p>Staff will interview a sampling of alert and oriented residents to ensure there is sufficient staff to have call lights answered in a timely manner, incontinence care is provided and restorative services are completed. The DON or her designee will review all basic staffing patterns daily, on all three shifts, to ensure resident needs are met. Lunches and breaks for nurses and certified Nursing Assistants are scheduled in a manner to allow sufficient staff. Additional staff has been added to days and weekend shifts. Staff has also been re allocated to provide better coverage. The corrective actions will be monitored daily and audited by the DON or her designee. See attachment # 4. Results of the audits will be forwarded to the QA &amp; A monthly for 3 months and then quarterly thereafter.</p> | 09/16/2014           |

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| NAME OF PROVIDER OR SUPPLIER<br><br>UNIVERSITY PARK HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1400 MEDICAL PARK DR<br>FORT WAYNE, IN 46825 |
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|                    | <p>light in time to get her up when she needed to use the bathroom. Resident #W further indicated she was sometimes incontinent when staff were unable to get to her and she was often embarrassed and upset when this happened.</p> <p>2. Resident #W's Rehab/ Restorative Nursing Program dated as begun on 5-29-2014 indicated to walk 100 feet and exercise for leg strengthening 15 minutes 6 times per week.</p> <p>Resident #W's Restorative Program Flow Sheet dated July 2014 indicated Restorative exercises were completed 3 days for the week of July 1. The Flow Sheet further indicated walking was completed 2 days for the week of July 1, and 2 days for the week of July 29th.</p> <p>In an interview on 8-17-2014 at 3:54 PM, Resident #W indicated Restorative exercises were completed inconsistently and Exercise completion depended on the availability of staff to complete her exercises.</p> <p>3. Resident #X's record was reviewed 8-18-2014 at 1:01 PM. Resident #X's diagnose's included, but were not limited to, high blood pressure, depression, and heart failure.</p> |               |   |                      |

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|                    | <p>A monthly ADL coding summary dated August 2014 indicated Resident #X required extensive assist of 2 for transfers.</p> <p>In an interview on 8-17-2014 at 3:26 PM, Resident #X indicated there was often not enough staff on the weekend to answer the call light in time to be taken to the bathroom to prevent an incontinence accident. Resident #X further indicated she was often upset and embarrassed when this happened.</p> <p>4. Resident #Y's record was reviewed 8-18-2014 at 2:24 PM. Resident #Y's diagnoses included, but were not limited to, high blood pressure, dementia, and diabetes.</p> <p>Resident #Y's Rehab/ Restorative Nursing Program dated as begun on 5-31-2014 indicated Resident #Y was to be assisted to walk 150 feet and do leg strengthening exercises 15 minutes 6 times per week.</p> <p>Resident #Y's Restorative Program Flow Sheet dated July 2014 indicated Strengthening exercise were completed 5 days the week of July 1, 5 days the week of July 15th, and 3 days the week of July 29th. The flow sheet further indicated Walking was completed 2 days the week</p> |               |   |                      |

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|  | <p>of July 1, and 4 days the week of July 15th.</p> <p>In an interview on 8-18-2014 at 1:29 PM, RN #6 indicated Restorative documentation should have been completed to include if the resident refused. RN #6 further indicated there is a certain staff member assigned to Restorative programs, but the staff member also has patient care duties, so therefore, Restorative is not given when the staff are not available.</p> <p>5. Resident #Z's record was reviewed 8-18-2104 at 3:29 PM. Resident #Z's diagnoses included, but were not limited to, seizures, high blood pressure, and heart failure.</p> <p>A monthly ADL coding summary dated August 2014 indicated Resident #Z required extensive assist of 2 for transfers.</p> <p>In an interview on 8-18-2014 at 1:32 PM, Resident #Z indicated there was frequently not enough staff on weekends to answer her call light in time to get her out of bed or the chair and onto the toilet without having an accident. Resident #Z further indicated wetting her pants was embarrassing.</p> |   |   |   |  |   |  |

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|                    | <p>In an interview on 8-17-2014 at 2:33 PM, CNA #1 indicated there were frequently not enough CNAs to get everyone out of bed when they needed to go to the bathroom. CNA #1 indicated residents are frequently incontinent because there are not enough staff to help.</p> <p>In an interview on 8-17-2014 at 3:08 PM, LPN #2 indicated there were frequently not enough CNAs on shift to get everyone toileted to prevent incontinence. LPN #2 indicated the Licensed nurses tried to help as they were able.</p> <p>On 8-18-2014, at 1:12 PM, a bathroom call light for room 104 came on. the bathroom call light persisted until CNA #3 answered the light at 1:28 PM. During the time the bathroom light was on, two licensed staff were conversing in the hallway beside room door 106.</p> <p>In an interview on 8-17-2014 at 2:33 PM, RN #7 indicated 21 residents in the facility required two assist to transfer.</p> <p>This Federal tag relates to Complaint IN00154274.</p> <p>.<br/>3.1-17(a)</p> |               |   |                      |

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