

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155725	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/16/2013
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NAME OF PROVIDER OR SUPPLIER  UNIVERSITY PLACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 LINDBERG RD WEST LAFAYETTE, IN 47906
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 11, 12, 13, &amp; 16, 2013</p> <p>Facility number: 003673 Provider number: 155725 AIM number: 200450890</p> <p>Survey team: Michelle Carter, RN- TC Rita Mullen, RN Bobette Messman, RN Maria Pantaleo, RN (9/16/2013)</p> <p>Census bed type: SNF: 22 SNF/NF: 1 Residential: 36 Total: 59</p> <p>Census Payor type: Medicare: 12 Medicaid: 1 Other: 46 Total: 59</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>University Place ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal rules of Evidence and should be inadmissible in any proceeding on that basis.</p>	
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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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	Quality Review was completed by Tammy Alley RN on September 23, 2013.				

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F000372 SS=F	<p>483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE PROPERLY The facility must dispose of garbage and refuse properly.</p> <p>Based on observation and interview the facility failed to ensure a clean and sanitary kitchen environment related to an open trash container and 3 open dirty linen containers. This deficiency had a potential to impact 23 of 23 residents residing in the facility.</p> <p>Findings include:</p> <p>1. On 9/11/2013 at 9:40 a.m., during the initial kitchen tour, it was observed that the garbage can, closest to the dirty dishes sink, did not have a lid that closed. The lid that was present was broken and could not be closed.</p> <p>On 9/12/13 at 4:50 p.m., during a tour of the kitchen area, it was again observed that the garbage can, closest to the dirty dishes sink, did not have a lid that closed. The lid that was present was broken and could not be closed. An attempt by the Dietician to close the lid resulted in the lid coming apart in pieces.</p> <p>On 9/16/2013 at 10:10 a.m., during a tour of the kitchen area, it was observed that 3 garbage cans utilized</p>	F000372	<p>- What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?The lid for the garbage can closest to the dirty dishes sink was replaced during the time of the survey. The three garbage cans used for dirty kitchen linen will be replaced with new improved working models with step on lid openers. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?All residents living in the health care and assisted living areas have the potential to be affected by the alleged deficient practice. Corrective actions will be taken as described above. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Directed inservicing of kitchen staff and daily rounds will be completed by Facility Dietician or designee for 14 days, then weekly thereafter. Rounding results will be documented on sanitation inspection form. - How the corrective actions will be monitored to ensure the deficient practice will not recur. I.E. what QA program will be put in</p>	10/10/2013			

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	<p>for the dirty kitchen linens were not able to close. Director of Dining Services attempted to close the lids and was unable to close them.</p> <p>On 9/12/2013 at 5:00 p.m., during an interview, the Dietician indicated the garbage can needed repair.</p> <p>On 9/16/2013 at 10:20 a.m., during an interview with the Dining Services Director, he indicated the lids did not have to close on the dirty linen containers.</p> <p>3.1-21(i)(5)</p>		<p>place. Facility Dietician or designee will complete daily inspections for 14 days, then weekly thereafter. Rounding results will be documented on sanitation inspection form. Results and trends will be reviewed at the facility Quality Assurance meeting at least quarterly or as needed.</p>		

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R000000	The following residential findings were cited in accordance with 410 IAC 16.2-5.	R000000	University Place ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be onsidered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal ules of Evidence and should be inadmissible in any proceeding on that basis.		

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R000145	<p>410 IAC 16.2-5-1.5(b) Sanitation and Safety Standards - Deficiency (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.</p> <p>Based on observation and interview, the facility failed to ensure a resident's room call light was in working condition for 1 of 3 resident's rooms observed for call lights, in a sample of 8. (Resident #90)</p> <p>Findings include:</p> <p>The record for Resident #90 was reviewed on 9/16/13 at 12:20 p.m.</p> <p>Diagnoses for Resident #90 included, but were not limited to, osteoporosis, generalized anxiety, lumbago, atrial fibrillation, depressive disorder, chronic venous stasis, asthma, emphysema, chronic obstructive pulmonary disease and rectal prolapse.</p> <p>During an observation and interview with Resident #90 on 9/16/13 at 12:50 p.m., Resident #90 stated she needed to use the toilet and attempted to use the call light. The call light did not activate. Another attempt to activate the call light was tried and the call light failed to activate.</p>	R000145	<p>- What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice? Plugged in call light extension and ensured proper working order during survey in presence of surveyor. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by this alleged deficient practice. Call lights will be checked by all staff upon entry to resident's room. - What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Directed in-service to all (including but not limited to) assisted living, activities, maintenance, housekeeping, and pastoral care staff to observe and correct, if needed, any call bell that is not plugged in properly. - How the corrective actions will be monitored to ensure the deficient practice will not recur. I.E. what QA program will be put in place? Resident services Director, or designee, will conduct daily audit for 10 days. Then weekly audits for 3 weeks, and quarterly thereafter for 3 quarters.</p>	10/10/2013			

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	During an interview, with LPN #1, on 9/16/13 at 1:00 p.m., she indicated the call light was not plugged into the electrical wall unit, the cord occasionally detaches from the electrical wall unit during morning care with the resident. LPN #1 indicated staff were expected to ensure it's use, after making the bed, after morning care, and when assisting the resident.		Results of audits will be reviewed quarterly at the facility Quality Assurance meeting.		

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R000246	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to ensure a licensed nurse approved the administration of a PRN (per required need) medication, by a qualified medication aide (QMA), for 1 of 7 residents reviewed for medications, in a sample of 8. (Resident #90)</p> <p>Findings include:</p> <p>The record for Resident #90 was reviewed on 9/16/13 at 12:20 p.m.</p> <p>Diagnoses for Resident #90 included, but were not limited to, osteoporosis, generalized anxiety, lumbago, atrial fibrillation, depressive disorder, chronic venous stasis, asthma, emphysema, chronic obstructive pulmonary disease and rectal prolapse.</p>	R000246	<p>-What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident Services Director reviewed chart and determined that PRN medication given was appropriate and effective. Director documented approval. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by this alleged deficient practice. All PRN medications will be authorized by a licensed nurse prior to administration and documented on the MAR. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. QMA and licensed nurse will review daily any administration of PRN medications, to ensure proper documentation on facility MAR to ensure the deficient practice does</p>	10/10/2013	

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	<p>The August 2013 medication administration record (MAR) for Resident #90, indicated the following physician order: Duoneb breathing treatment, via nebulizer every 4 hours, as needed, for shortness of breath/wheezing.</p> <p>The August 2013 MAR indicated Resident #90 received the Duoneb breathing treatment on 8/14/13 at 2:00 a.m. The documented reason, for administration of the treatment, was "wheezing" and the documented result was "Eff" (effective).</p> <p>During an interview with the Director of Resident Services, on 9/16/13 at 12:45 p.m., she indicated the Duoneb treatment was administered by QMA #2 on 8/14/13 at 2:00 a.m., as documented on the MAR. The Director of Resident Services, also, indicated a nurse signature was needed to evidence nurse approval for the administration of a PRN medication and documentation, to show that a nurse approval was given, was not apparent.</p>		<p>not recur. The facility will conduct directed inservice training to all QMA's and licensed nurses on correct policy and procedure for administration of PRN medications.- How the corrective actions will be monitored to ensure the deficient practice will not recur. I.E. what QA program will be put in place. Resident services Director will conduct random daily audit for 10 days. Then weekly audits for 3 weeks, and quarterly thereafter for 3 quarters. Results of audits will be reviewed quarterly at the facility Quality Assurance meeting.</p>		

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview the facility failed to ensure a clean and sanitary kitchen environment related to an open trash container and 3 open dirty linen containers. This deficiency had a potential to impact 34 of 34 residents residing in the facility.</p> <p>Findings include:</p> <p>1. On 9/11/2013 at 9:40 a.m., during the initial kitchen tour, it was observed that the garbage can, closest to the dirty dishes sink, did not have a lid that closed. The lid that was present was broken and could not be closed.</p> <p>On 9/12/13 at 4:50 p.m., during a tour of the kitchen area, it was again observed that the garbage can, closest to the dirty dishes sink, did not have a lid that closed. The lid that was present was broken and could not be closed. An attempt by the Dietician to close the lid resulted in the lid coming apart in pieces.</p>	R000273	<p>- What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?The lid for the garbage can closest to the dirty dishes sink was replaced during the time of the survey. The three garbage cans used for dirty kitchen linen will be replaced with new improved working models with step on lid openers. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?All residents living in the health care and assisted living areas have the potential to be affected by the alleged deficient practice. Corrective actions will be taken as described above. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Directed inserviceing of kitchen staff and daily rounds will be completed by Facility Dietician or designee for 14 days, then weekly thereafter. Rounding results will be documented on sanitation inspection form. - How the corrective actions will be monitored to ensure the deficient</p>	10/10/2013			

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	<p>On 9/16/2013 at 10:10 a.m., during a tour of the kitchen area, it was observed that 3 garbage cans utilized for the dirty kitchen linens were not able to close. Director of Dining Services attempted to close the lids and was unable to close them.</p> <p>On 9/12/2013 at 5:00 p.m., during an interview, the Dietician indicated the garbage can needed repair.</p> <p>On 9/16/2013 at 10:20 a.m., during an interview with the Dining Services Director, he indicated the lids did not have to close on the dirty linen containers.</p>		<p>practice will not recur. I.E. what QA program will be put in place. Facility Dietician or designee will complete daily inspections for 14 days, then weekly thereafter. Rounding results will be documented on sanitation inspection form. Results and trends will be reviewed at the facility Quality Assurance meeting at least quarterly or as needed.</p>		