

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 11/13/2014
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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 IN00158970.</p> <p>Complaint IN00158970 Substantiated. Federal/ State deficiencies related to the allegations are cited at F157, F309, and F314.</p> <p>Survey dates: November 12, and 13, 2014</p> <p>Facility number : 000459 Provider number: 155567 AIM number: 100289700</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 50 Total: 55</p> <p>Census payor type: Medicare: 3 Medicaid: 41 Other: 11 Total: 55</p> <p>Sample: 4</p>	F000000	University Park woul like to request a desk review for this 2567 dated 11/13/14.	

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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F000157 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 17, 2014 by Randy Fry RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p>			

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	<p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the family of a change in wound treatments for 1 of 4 residents reviewed with wounds (Resident #U). The facility further failed to notify the physician of changes to a wound for 2 of 4 residents reviewed with wounds (Resident #U and Resident #W) in a sample of 4.</p> <p>Findings include:</p> <p>1. Resident #U's record was reviewed 11-12-2014 at 11:03 AM. Resident #U's diagnoses included, but were not limited to, diabetes, quadriplegia, and high blood pressure.</p> <p>Resident #U's Minimum Data Set (MDS) dated 8-20-2014 indicated Resident #U had Brief Interview for Mental Status (BIMS) score of 14, that indicated</p>			F000157	<p>Resident's #U and #W records were reviewed and appropriate parties notified as appropriate. All residents with wounds have been reviewed for change of condition and if need be the resident's and physician were notified. Nursing Staff have been re-in-serviced on MD and family notification. Charts of resident with change of condition will be brought to morning Clinical meeting for review. The DON or designee will review 5 chart a week for 4 weeks to insure documentation is complete and that notifications were done accordingly, then 5 charts a month for 3 months and then 5 a quarter to ensure on going compliance and review during monthly QA meetings for 2 quarters.</p>		12/05/2014

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	<p>Resident #U was alert, oriented, and able to answer questions appropriately.</p> <p>During an interview on 11-12-2014 at 11:02 AM, Resident #U indicated the facility had admitted him with a "water treatment" to his open area that he never received.</p> <p>On a wound clinic assessment form, dated 8-19-2014, the "water treatment" had been discontinued, and a new treatment of Vasolex had been started.</p> <p>A review of Nurse's notes, and physician progress notes indicated the was no family notification of the change in treatment.</p> <p>2. During an observation on 11-12-2014 at 10:55 AM, 2 open areas were observed on the back of Resident #U's head. The first area was approximately the size of a 50 cent piece and had a dressing covering the wound. The area was on the right upper area of the back of the head, approximately 2 fingers from the whorl. The second area was oblong, and was about 2 cm x 4 cm x less than 0.1 cm. The area went from right to left at the bottom of Resident #U's head.</p> <p>A review of Resident #U's hospital transfer record indicated the oblong area</p>						

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	<p>had been present on 9-29-2014. There was no indication in the record the physician had been notified of the area. No physician orders had been given for care of the area and the area was not identified in either the Nursing Notes, or the Nursing Admission Assessment. There was no further mention of the area until 10-10-2014.</p> <p>3. Resident #W's record was reviewed 11-13-2014 at 10:27 AM. Resident #W's diagnoses included, but were not limited to, dementia, high blood pressure, and skin cancer.</p> <p>A non pressure skin condition report dated 9-24-2014 indicted Resident #W had a scabbed area approximately 1X1 (there was no indication of the unit of measurement on the form) on Resident #W's left hip.</p> <p>A review of Nurse's Notes dated 9-24, and 9-25-2014 did not indicated the family or physician had been notified of the area. On 9-26-2014 at 5 PM, Nurse's Notes indicated the Nurse practitioner had been in to see Resident #W's area, and had referred treatment to the wound nurse.</p> <p>In an interview on 11-12-2014 at 2:42 PM, LPN #1 indicated physicians and</p>						

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F000309 SS=D	<p>families were to be notified of any new areas, or changes in treatment.</p> <p>This Federal tag relates to Complaint IN00158970.</p> <p>3.1-5(a)(2) 3.1-5 (a)(3)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to assess and monitor an open area for 1 of 4 residents reviewed with a non-pressure related open area (Resident #V) in a sample of 4.</p> <p>Findings include:</p> <p>1. Resident #V's record was reviewed 11-12-2014 at 2:56 PM. Resident #V's diagnoses included, but were not limited</p>	F000309	Resident #V's area was re-assessed and documented to identify the area with proper measurements and description of the area was recorded to indicate skin tissue, color, turgor, size of wound including length, width, and depth in centimeters. All other resident known to have skin issues were assessed to verify that correct procedures for skin assessment and monitoring were being followed and updated as appropriate. Nursing staff have been re-in-serviced on proper	12/05/2014	

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	<p>to, kidney disease, high blood pressure, and Ischemic heart disease.</p> <p>A Wound Assessment form dated 11-4-2014 indicated Resident #V had a Deep Tissue Injury to the right foot 3.5 cm x 3.5 cm. There was no further description of the area.</p> <p>There was no non-pressure area evaluation form completed to track the progress of to monitor the area.</p> <p>In an interview on 11-12-2014 at 3:28 PM, the Director of Nursing indicated the area should have been tracked for progress.</p> <p>During an observation of the area, Resident #V had an area on the mid outer edge of the right foot. The area was approximately 3.5 cm x 3.5 cm. No depth could be measured as the area was black and intact.</p> <p>A current policy titled Skin Integrity Standard dated March 2005 and updated June 2010, provided 11-13-2014 at 1:20 PM by the Regional Nurse indicated "all new admissions will have a head to toe skin assessment by the licensed nurse no later than 24 hours after resident admission." The policy additionally indicated "Weekly narrative</p>		<p>procedure for completing wound assessment and monitoring weeklyDON/designee will monitor weekly that skin assessments and monitoring are completed timely.Results of audits will be forwarded to QA&A monthly for tracking and trending then quarterly thereafter.Date of Compliance 12/05/14</p>	

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F000314 SS=G	<p>documentation must include: description of skin tissue, color, turgor, rashes, bruising, skin tears, edema, incision lines, and any other skin related issue." Further, the policy indicated "information required is wound specifics: Location of a wound, size of the wound including length, width, and depth in centimeters."</p> <p>This Federal tag relates to Complaint IN00158970.</p> <p>3.1-37(a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview and record review, the facility failed to monitor skin conditions for 2 of 4 residents with pressure related wounds (Resident #U, and Resident #W) in a</p>	F000314	Resident's #U and #W wounds have been re-assessed and their skin sheets updated to include measurements. Resident U interventions have been reviewed and updated as appropriate. All other resident known to have skin issues were assessed to verify	12/05/2014

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	<p>sample of 4. The facility further failed to follow treatment recommendations resulting in Resident #U not receiving treatment promptly as recommended by a Nurse Practitioner for a pressure ulcer on the back of the head.</p> <p>Findings include:</p> <p>1. Resident #U's record was reviewed on 11-12-2014 at 11:03 AM. Resident #U's diagnoses included, but were not limited to, diabetes, quadriplegia, and high blood pressure.</p> <p>A review of Resident #U's most current Minimum Data Sheet (MDS) dated 8-20-2014 indicated Resident #U had Brief Interview for Mental Status (BIMS) score of 14, that indicated Resident #U was alert, oriented, and able to answer questions appropriately.</p> <p>During an observation on 11-12-2014 at 10:55 AM, 2 open areas were observed on the back of Resident #U's head. The first area was approximately the size of a 50 cent piece and had a dressing covering the wound. The area was on the right upper area of the back of the head, approximately 2 fingers from the whorl. The second area was oblong, and was about 2 cm x 2 cm x less than 0.1 cm deep. The area went from right to left at</p>		<p>that correct procedures for skin assessment and monitoring were being followed and updated as appropriate. Nursing staff have been re-in-serviced on proper procedure for completing wound assessment and monitoring weekly. DON/designee will monitor weekly that skin assessments and monitoring are completed timely. DON/designee will monitor that interventions are in place for residents with wounds through random observations x3 residents weekly for 4 weeks, 3 residents monthly for 3 months, then 3 a quarter to for 1 quarter. Results of audits will be forwarded to QA&A monthly for tracking and trending then quarterly thereafter. Date of Compliance: 12/05/2014</p>				

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	<p>the bottom of Resident #U's head.</p> <p>A review of Resident #U's hospital discharge record dated 9-29-2014 indicated there was a bruised, purple area on the back of Resident #U's head. There was no indication of the size of the area or of a treatment for the area in the discharge orders.</p> <p>A review of Nurse's Notes dated 9-29-2014 did not indicate there was an area on the back of Resident #U's head.</p> <p>There was no Admission Nursing Assessment dated 9-29, or 9-30-2014 available for review.</p> <p>A Nurse's Note dated 10-3-2014 at 3:05 PM indicated Resident #U's area on the back of the head was open and approximately 6 cm (centimeters) x 3.3 cm. There was no depth noted in the Nursing Notes.</p> <p>A Pressure Area Evaluation Record indicated the area was present on admission. The Record indicated the area was not measured on 10-3-2014. The area was first measured on 10-10-2014. The measurements of the area were 5 cm x 5.5 cm with 100% slough in the wound bed. The record further indicated on 10-16-2014, the measurements of the</p>				

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	<p>area on the back of Resident #U's head were 4.2 cm x 3.9 cm x 0.1 cm. There were no other measurements in the record until 11-4-2014, that indicated the back of Resident #U's scalp wound had been monitored..</p> <p>On 11-4-2014 the Nurse Practitioner indicated on the Wound Assessment Form there was a second area on the back of Resident #U's scalp. The area location was not described in the note. The note indicated the oblong area was 6.1 cm x 1.1 cm x 0.1 cm. The note indicated there was a new area just above the oblong area. The measurements for the new area were 4.4 cm x 3.5 cm x 0.1 cm. There was no staging or description of the wound bed. Additionally, the Nurse Practitioner had recommended the use of a head pressure reducing cradle.</p> <p>A review of Nursing Notes did not indicate a new area had been identified.</p> <p>During an observation on 11-12-2014 at 10:55 AM, the rounded area on the scalp was approximately 3 cm x 3 cm x 0.3 cm. There was pink granulation in the wound bed. The edges were pink. There was not a head pressure reducing cradle observed in Resident #U's room.</p> <p>In an interview on 11-12-2014 at 11:02</p>			

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	<p>AM, Resident #U indicated the facility had left his head lay on the head board of the bed without a pillow under his head for an extended length of time on 10-16-2014. He additionally indicated no device for reducing pressure to the back of his head had been in use.</p> <p>A current policy titled Skin Integrity Standard dated March 2005 and updated June 2010, provided 11-13-2014 at 1:20 PM by the Regional Nurse indicated "all new admissions will have a head to toe skin assessment by the licensed nurse no later then 24 hours after resident admission." The policy additionally indicated "Weekly narrative documentation must include: description of skin tissue, color, turgor, rashes, bruising, skin tears, edema, incision lines, and any other skin related issue." Further, the policy indicated "information required is wound specifics: Location of a wound, size of the wound including length, width, and depth in centimeters."</p> <p>2. Resident #W's record was reviewed 11-13-2014 at 10:27 AM. Resident #W's diagnoses included, but were not limited to, dementia, high blood pressure, and skin cancer.</p> <p>Hospice documentation indicated Resident #W had been admitted to</p>				

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	<p>Hospice services in September, 2014.</p> <p>A non pressure skin condition report dated 9-24-2014 indicted Resident #W had a scabbed area approximately 1 X 1 (there was no indication of the unit of measurement on the form) on Resident #W's left hip. The area was later identified as pressure related.</p> <p>During an observation on 11-13-2014 at 9:54 AM, the area on resident #W's right hip was observed to be about 5 cm x 4 cm x 3 cm deep. The area had yellow slough in the wound bed.</p> <p>A Pressure Area Evaluation Record did not indicate the onset of the wound, and indicated the original measurements of the wound had been taken 10-10-2014. On 10-10-2014, the measurements were documented as 2 cm x 3 cm with an undetermined depth. The next measurements were documented on 11-4-2014. The measurements were recorded as 2.1 cm x 3.5 cm and an undetermined depth. the next measurements were documented on 11-12-2014 as 3.8 cm x 2.6 cm x 1.6 cm with undermining of 1.2 cm at 11-4 o clock.</p> <p>A review of Resident #W's Treatment Administration Record (TAR) for</p>				

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	<p>September, 2014 did not indicate a treatment had been initiated to the area.</p> <p>A review of Resident #W's Physician orders did not indicate a treatment had been ordered.</p> <p>A review of the Wound Assessment record dated 10-16-2014 indicated the area to Resident #W's right hip was declining. The area now measured 2 cm x 3 cm and was open with slough in the wound bed. There was not a measurement documented for the depth of the wound. The recommendation for treatment was Santyl ointment.</p> <p>There were no other measurements for Resident #W indicated monitoring of the wound had been completed.</p> <p>This Federal tag relates to Complaint IN00158970</p> <p>3.1-40(a)</p>			