

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155200	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/27/2015
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NAME OF PROVIDER OR SUPPLIER  UNIVERSITY NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1564 S UNIVERSITY BLVD UPLAND, IN 46989
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F 000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included Investigation of Complaint #IN00172545.</p> <p>Complaint #IN00172545 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 20, 21, 22, 26, and 27, 2014</p> <p>Facility number: 000107 Provider number: 155200 AIM number: 100290330</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 6 Medicaid: 45 Other: 14 Total: 65</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2 -3.1.</p>	F 000	<p>Dear Ms. Rhoades, Attached is University Nursing Center's Plan of Correction for the annual survey conducted on April 20th through April 27th 2015. Please accept the Plan of Correction as written. Univerity Nursing Center is asking for paper compliance for all the attached deficiencies: F159 and F174. University Nursing Center is also requesting IDRs for the deficiencies related to F159. Thank you, Stephanie Allen, HFA, MHA University Nursing Center</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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F 159 SS=C Bldg. 00	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that</p>				

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	<p>receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on observations, interview and record review, the facility failed to ensure residents had access to their Resident Funds after banking hours and prevented residents from having access to all of their funds, if greater than \$49.00, each day. This deficient practice had the potential to affect 53 residents with Resident Funds accounts managed by the facility. [Resident #68]</p> <p>Findings include:</p> <p>During an interview with Resident #68's daughter on 5/20/15 at 4:22 p.m., she indicated she was only allowed to withdraw \$49.00 a day from Resident #68's Resident Funds. She indicated if she wanted more money than that she would have to go back everyday and get \$49.00 at each time.</p> <p>The banking hours were observed posted on the wall by the Business Office on 5/27/15 at 11:00 a.m. The hours were posted as "Monday through Friday 9:00 a.m. to 4:00 p.m." and 10:00 a.m. to</p>	F 159	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #68 was informed of 24/7 banking hours and ability to get funds needed at any time. 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 ability to be affected. All residents and interested parties are informed of new banking hours and ability to get funds needed at any time via mail and at the Resident Council meeting (attachment A). All staff will be inserviced pertaining to the banking hours and providing funds to residents upon their request. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Banking hours will be changed to 24/7 access; funds requested will be provided to residents as available per their account statement. All residents with a bank account within the facility will be checked on by the</p>	06/26/2015

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	<p>12:00 p.m. on Saturday and Sunday.</p> <p>During a 5/27/15, 11:19 a.m., interview with the Business Office Manager, she indicated the residents had access to their Resident Funds during the posted banking hours. She indicated the banking hours were posted 9:00 a.m. to 4:00 p.m., Monday through Friday and 10:00 a.m. to 12:00 p.m. on Saturday and Sunday. She indicated those were the only times available for the residents to have access to their money. She indicated the residents had locked boxes in their rooms and could take out up to \$49.00 a day and keep the money in their rooms if they thought they may need money after the bank closed.</p> <p>During an interview with the Administrator on 5/27/15 at 11:39 a.m., she indicated she had thought the banking hours were reasonable and had reviewed them with Resident Council and they agreed to them.</p> <p>The undated "Resident Trust Petty Cash" policy was provided by the Administrator on 5/27/15 at 11:04 a.m. The policy indicated the following: "...Do not hand out cash disbursements in excess of \$49.00. Any disbursement over \$49 should be made by check with back up documentation as to who is receiving the</p>		<p>BOM or designee to ensure banking hours and funds requested are being provided to residents 24/7 at their request. All staff will be inserviced by 6/26/15 regarding the new banking hours and funds management to ensure compliance (attachment B). How the corrective action will be monitored to ensure the deficient practice will not recur? All residents will a bank account within the facility will be checked on daily for one month, then weekly for two months, then monthly for three months by the BOM or designee to ensure banking hours and funds requested are being provided to residents 24/7 per their request. Executive Director or designee will monitor the BOM or designee's auditing weekly to ensure compliance. IDT will review the results of the auditing at the monthly CQI meeting to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance. By what date the systemic changes will be completed? 6/26/15 <u>Informal Dispute Resolution for Recertification and Licensure Survey 5-27-15 University Nursing Center is requesting Paper IDR review</u> University Nursing Center respectfully requests additional evidentiary information be considered to</p>				

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	funds and for what purpose...."  3.1-6(f)(1)		delete F 159 from the 2567. The current statement of deficiency on the 2567 omits significant facility information and therefore misrepresents the care and services administered by the provider to its residents. <b>F159 §483.10(c)(2) Management of Personal Funds Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. §483.10(c)(3) Deposit of Funds (i) Funds in excess of \$50. The facility must deposit any residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) (ii) Funds less than \$50. The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund. NOTE: The Social Security Amendments of 1994 amended §1819(c)(6)(B)(i) to raise the limit from \$50.00 to \$100.00 for the minimum amount of resident funds that facilities</b>		

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			<p>must entrust to an interest bearing account. This increase applies only to Medicare SNF residents. While a facility may continue to follow a minimum of \$50.00, the regulations do not require it. <b>Interpretive Guidelines §483.10(c)(1) through (3)</b> This requirement is intended to assure that residents who have authorized the facility in writing to manage any personal funds have ready and reasonable access to those funds. If residents choose to have the facility manage their funds, the facility may not refuse to handle these funds, but is not responsible for knowing about assets not on deposit with it. Placement of residents' personal funds of less than \$50.00 (\$100.00 for Medicare residents) in an interest bearing account is permitted. Thus, a facility may place the total amount of a resident's funds, including funds of \$50.00 (\$100.00 for Medicare residents) or less, into an interest-bearing account. The law and regulations are intended to assure that residents have access to \$50.00 (\$100.00 for Medicare residents) in cash within a reasonable period of time, when requested. Requests for less than \$50.00 (\$100.00 for Medicare residents) should be honored within the same day. Requests for \$50.00 (\$100.00 for Medicare residents) or more should be honored within three banking</p>	

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			<p>days. Although the facility need not maintain \$50.00 (\$100.00 for Medicare residents) per resident on its premises, it is expected to maintain amounts of petty cash on hand that may be required by residents. If pooled accounts are used, interest must be prorated per individual on the basis of actual earnings or end-of quarter balance. Residents should have access to petty cash on an ongoing basis and be able to arrange for access to larger funds. "Hold, safeguard, manage and account for" means that the facility must act as fiduciary of the resident's funds and report at least quarterly on the status of these funds in a clear and understandable manner. Managing the resident's financial affairs includes money that an individual gives to the facility for the sake of providing a resident with a noncovered service (such as a permanent wave). It is expected that in these instances, the facility will provide a receipt to the gift giver and retain a copy. "Interest bearing" means a rate of return equal to or above the passbook savings rate at local banking institutions in the area. Although the requirements are silent about oral requests by residents to have a facility hold personal funds, under the provisions regarding personal property (§483.10(l)), and misappropriation of property (§483.13(c)), residents may make</p>	

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			<p>oral requests that the facility temporarily place their funds in a safe place, without authorizing the facility to manage those funds. The facility has the responsibility to implement written procedures to prevent the misappropriation of these funds. If you determine potential problems with funds through interviews, follow-up using the following procedures as appropriate: <b>The deficient practice statement states:</b> Based on observations, interview and record review, the facility failed to ensure residents had access to their Resident Funds after banking hours and prevented residents from having access to all of their funds, if greater than \$49.00, each day. This deficient practice had the potential to affect 53 residents with Resident Fund accounts managed by the facility. (Resident #68.) <b>Evidence to refute the finding:</b> The State Operations Manual states -The law and regulations are intended to assure that residents have access to \$50.00 (\$100.00 for Medicare residents) in cash within a reasonable period of time, when requested. <b>Requests for less than \$50.00 (\$100.00 for Medicare residents) should be honored within the same day. Requests for \$50.00 (\$100.00 for Medicare residents) or more should be honored within three banking days.</b> University Nursing Center policy states</p>	

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			<p>residents can receive up to \$49.00. ( attachment 1.) The residents were informed of the banking hours during resident council meeting on 12/3/14. (attachment 2) The State Operations Manual states: <b>This requirement is intended to assure that residents who have authorized the facility in writing to manage any personal funds have ready and reasonable access to those funds.</b></p> <p>Personal Funds QIS question: Interview staff to determine how resident requests for money on weekends or evenings (non-banking hours) are honored and how money is safeguarded until needed.</p> <p>University Nursing Center banking hours are 9a-430p on Monday through Friday and 10a-12p on Saturday and Sunday. The question from the QIS stated requests for money on weekends or evening. This does not state weekend and evenings. The State operations manual states reasonable access.</p> <p><b>Conclusion:</b> The state operations manual indicates resident have ready and reasonable access to their funds. Residnets have access to their funds from 9a-430p on Monday through Friday and 10a-12p on Saturday and Sunday. There have been no complaints from the residents, this was discussed at the resident council, with no concerns noted. The state</p>	

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F 174 SS=D Bldg. 00	<p>483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>Based on interview and record review, the facility failed to offer a private area for a resident to receive phone calls for 1 of 3 residents for whom a family interview was conducted. (Resident # 68)</p> <p>Findings include:</p> <p>Resident #68's clinical record was reviewed on 5/22/15 at 9:30 a.m. The resident's diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The resident had a, 3/4/15, Significant Change Minimum Data Set assessment. The assessment indicated the resident had severe cognitive impairment.</p>	F 174	<p>operations manual indicates resident can obtain less than \$50 in cash the same date as requested. The facility policy and practice allows residents to obtain \$49.00 in cash the same day as requested. University Nursing Center believes it is in compliance with this regulation, therefore F 159 should be deleted. Thank you for your consideration.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #68 found to be affected by the deficient practice was informed of the cordless phones to be used for personal use in room. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected. All residents and responsible parties were notified via mail of the cordless phones that are available at nurses' stations for personal use in room (attachment 3). All staff will be inserviced regarding offering residents a private place to talk on the phone</p>	06/26/2015

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	<p>During an interview with Resident #68's daughter on 5/20/15 at 4:01 p.m., it was indicated the resident was given the phone at the nurse's station when other family members call into the facility to talk to the resident. The daughter indicated the other family members have commented they could tell a difference when Resident #68 was talking to them using the phone at the nurse's station or using the daughter's cell phone. The other family members told the daughter that Resident #68 didn't speak as freely or as long when speaking to them on the phone at the nurse's station. The daughter indicated it seemed to bother the resident when she felt she was being overheard by staff while speaking on the phone.</p> <p>During an interview with the Director of Nursing on 5/22/15 at 8:07 a.m., she indicated residents could use the phones in her office if they wanted privacy. She indicated she wasn't aware of phone privacy being a concern.</p> <p>During an interview with CNA #1 on 5/22/15 at 8:07 a.m., she indicated there was a cordless phone available behind the nurse's desk for the residents to use. She stated "I guess we didn't think about offering the cordless phone to the</p>		<p>and use of the cordless phones for personal resident use. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur again? All residents will be audited weekly by the SSD/MCF or designee to ensure residents are being offered a private place to have phone conversations. Nursing staff were inserviced regarding offering residents a private place to talk on the phone and use of cordless phones for resident personal use (attachment 4). SSD/MCF or designee will conduct a daily round to ensure privacy is being offered to residents using the phone. How the corrective actions will be monitored to ensure the deficient practice does not recur? All residents will be audited q week for three months and then monthly for six months by the SSD/MCF or designee to ensure privacy is being offered when using the telephone with results to CQI. These results will be reviewed monthly for six months by IDT at the CQI meeting to ensure compliance. Executive Director or designee will audit the SSD/MCF or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance. By what date the systemic changes will be</p>				

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	residents. We should do that more often. We just hand them the desk phone when they get a call."  3.1-3(f)		completed? 6/26/2015		