

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 04/08/2015
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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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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaints #IN00169863 and IN00168635.</p> <p>Complaint #IN00169863- Substantiated. Federal/state deficiency related to the allegations is cited at F282.</p> <p>Complaint #IN00168635- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 7 & 8, 2015</p> <p>Facility number: 003673 Provider number: 155725 AIM number: 200450890</p> <p>Census bed type: SNF/NF- 30 Residential- 41 Total- 71</p> <p>Census payor type: Medicare- 15 Other- 15 Total- 30</p> <p>Sample- 10</p>	F 000	<p>University Place (the Provider) submits this Plan of Correction(POC) in accordance with specific regulatory requirements. The POC should not be construed as an admission of any alleged deficiency cited.</p> <p>The Provider submits the POC with the intention that it be inadmissible by any third party in any civil or criminal claim 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</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 282 SS=D Bldg. 00	<p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</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. Based on record review and interview, the facility failed to ensure physician's orders were followed for 1 of</p>	F 282	<p>imposition of 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 and the federal Rules of Evidence and should be inadmissible in any proceedings on that basis.</p> <p>Corrective Plan Resident was discharged Other residents affected No other residents</p>	04/21/2015	

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	<p>6 residents reviewed for plan of care. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/7/2015 at 1:00 p.m. Diagnoses for Resident B included, but was not limited to, urinary tract infection, hyperlipidemia, hypothyroidism and high blood pressure.</p> <p>Physician's admission orders, for Resident B, dated 3/3/2015, indicated the following:</p> <p>a. Pravastatin (anti-cholesterol) 40 milligrams (mg), one tablet daily, starting 3/3/2015.</p> <p>b. Nifedipine ER (antihypertensive) 60 mg, one tablet daily, starting 3/3/2015.</p> <p>c. Levofloxacin (generic for Levaquin, an antibiotic) 750 mg, one tablet daily for seven days, starting 3/4/2015.</p> <p>d. Levothyroxine (thyroid hormone) 25 micrograms (mcg), one tablet daily, starting 3/4/2015.</p> <p>The March 2015 medication</p>		<p>affected Guard against Reoccurrence instructed nurse on data entry on electronic record system reviewed medication orders on other new admissions meet with Symbria pharmacy on 4/23/2015 to establish expanded EDK box and affirm use of secondary pharmacy, completed Monitor for compliance Audit 100% of new orders for accurate entry into the electronic medical record system for 30 days then 5% for 30 days, in-servicing as indicated Compliance Date 4/21/2015</p>		

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R 000 Bldg. 00	<p>administration record (MAR) did not indicate the Pravastatin and Nifedipine were administered on 3/3/2015 at 9:00 p.m. and did not indicate Levofloxacin and Levothyroxine were administered at 9:00 a.m. on 3/4/2015.</p> <p>During an interview on 4/7/2015 at 2:45 p.m., the Director of Nursing (DON) indicated Pravastatin and Nifedipine were not kept in the facility's emergency drug kit (EDK) and indicated the backup pharmacy was not utilized as a resource for obtaining the medications. The DON indicated the Levofloxacin and Levothyroxine were not available for administration at the prescribed time on 3/4/2015 due to transcription of an incorrect start date on the pharmacy order.</p> <p>This federal tag relates to complaint #IN00169863.</p> <p>3.1-35(g)(2)</p> <p>University Place Inc. was found to be in compliance with 410 IAC 16.2-5</p>	R 000	University Place (the Provider) submits this	

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	in regard to the Investigation of Complaint #IN00168635.		Plan of Correction(POC) in accordance with specific regulatory requirements. The POC should not be construed as an admission of any alleged deficiency cited. The Provider submits the POC with the intention that it be inadmissible by any third party in any civil or criminal claim 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, whether such remedies are imposed by the centers for medicare		

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			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 and the federal Rules of Evidence and should be inadmissible in any proceedings on that basis.		