

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 05/15/2014
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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 the investigation of Complaints IN00148615 and IN00148355.</p> <p>Complaint IN00148355 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00148615- Substantiated. Federal and State deficiencies related to the allegations are cited at F 225 and F 226.</p> <p>Survey dates: May 14,15, 2014</p> <p>Facility number: 155725 Provider number: 003673 AIM number: 200450890</p> <p>Survey Team: Bobette Messman, RN, TC Rita Mullen, RN Maria Pantaleo, RN Holly Duckworth, RN</p> <p>Census bed type: SNF: 16 Residential: 38 NCC: 6 Total: 60</p> <p>Census payor type:</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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F000225 SS=D	<p>Medicare: 15 Other: 45 Total: 60</p> <p>Sample: 6 Residential sample: 2</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on May 20, 2014.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p>						

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	<p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview the facility failed to ensure alleged violations involving mistreatment, neglect, or abuse were reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures. This deficient practice affected 1 of 1 resident reviewed for abuse. (Resident #B)</p> <p>Findings include:</p> <p>1. Record review for Resident #B on 5/14/2014 at 12:00 p.m., indicated she had been involved in an alleged abuse incident on 2/19/2014 at 11:40 a.m.</p> <p>During an interview on 5/14/2014 at 3:15 p.m., the Executive Director, (ED), indicated he was informed about the incident at 12:45 p.m. An investigation of the incident was then conducted by the</p>	F000225	<p><i>What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>The alleged abusive LPN was removed from the patient and put on administrative leave. Assessment done with no signs or symptoms of abuse. Drops immediately given back to resident after receiving MD order for self-administration. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</i> All residents have the potential to be affected by this alleged deficient practice. Other residents were interviewed and assessed with no signs or reports of abuse noted. <i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i> Directed in-service to all (including but not</p>	06/06/2014			

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	<p>ED and the Director of Nursing beginning at 1:30 p.m.</p> <p>During an interview on 5/14/2014 at 3:30 p.m., the Executive Director indicated the report to the Indiana State Department of Health had not been completed.</p> <p>On 5/15/2014 at 10:00 a.m., a review of Abuse and Neglect policy dated 9/1/2005, indicated, "1.....All associates and volunteers are required to report allegations of abuse/neglect immediately to their supervisors, who in turn shall immediately notify the Executive Director/Administrator." and " 7. Inform the appropriate State agency(s) of any allegation of abuse/neglect within the required time period."</p> <p>This Federal tag relates to Complaint # IN 00148615.</p> <p>3.1-28(c)</p>		<p>limited to) nursing, assisted living, activities, maintenance, housekeeping, and pastoral care staff was completed on 2-26-14 and 2-27-14, on the abuse and neglect policy with a special emphasis on the immediate reporting requirements. Additionally, all staff are in-serviced during new employee orientation and annually after that. <i>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?</i> Executive Director, or designee, will audit all allegations of abuse to ensure appropriate and timely notification is made to the Executive Director and to other officials in accordance with state law. Results will be reviewed quarterly for 1 year by the facility Quality Assurance program.</p>		

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview the facility failed to implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents. This deficient practice affected 1 of 1 resident reviewed for abuse. (Resident #B)</p> <p>Findings include:</p> <p>1. Record review for Resident #B on 5/14/2014 at 12:00 p.m., indicated she had been involved in an alleged abuse incident on 2/19/2014 at 11:40 a.m.</p> <p>During an interview on 5/14/2014 at 3:15 p.m., the Executive Director, (ED), indicated he was informed about the incident at 12:45 p.m. An investigation of the incident was then conducted by the ED and the Director of Nursing beginning at 1:30 p.m.</p> <p>During an interview on 5/14/2014 at 3:30 p.m., the Executive Director indicated the report to the Indiana State Department of</p>	F000226	<p><i>What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>The alleged abusive LPN was removed from the patient and put on administrative leave. Assessment done with no signs or symptoms of abuse. Drops immediately given back to resident after receiving MD order for self-administration. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</i> All residents have the potential to be affected by this alleged deficient practice. Other residents were interviewed and assessed with no signs or reports of abuse noted. <i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i> Directed in-service to all (including but not limited to) nursing, assisted living, activities, maintenance, housekeeping, and pastoral care staff was completed on 2-26-14 and 2-27-14, on the abuse and</p>	06/06/2014			

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	<p>Health had not been completed and the procedure was not followed.</p> <p>On 5/15/2014 at 10:00 a.m., a review of Abuse and Neglect policy dated 9/1/2005, indicated, "1.....All associates and volunteers are required to report allegations of abuse/neglect immediately to their supervisors, who in turn shall immediately notify the Executive Director/Administrator." and " 7. Inform the appropriate State agency(s) of any allegation of abuse/neglect within the required time period."</p> <p>This Federal tag relates to Complaint # IN00148615.</p> <p>3.1-28(a)</p>		<p>neglect policy with a special emphasis on the immediate reporting requirements. Additionally, all staff are in-serviced during new employee orientation and annually after that. <i>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?</i> Executive Director, or designee, will audit all allegations of abuse to ensure appropriate and timely notification is made to the Executive Director and to other officials in accordance with state law. Results will be reviewed quarterly for 1 year by the facility Quality Assurance program.</p>		