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 03/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PARK HEALTH AND REHABILITATION CENTER	1400 MEDICAL PARK DR FORT WAYNE, IN 46825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000 Bldg. 00	This visit was for the Investigation of Complaints IN00166431 and IN00168328. Complaint IN00166431 - Substantiated, Federal/Sate deficiency related to the allegations is cited at F-465 Complaint IN00168328 - Unsubstantiated, due to lack of evidence. Survey Date: March 4 & 5, 2015 Facility number: 000459 Provider number: 155567 AIM number: 100289700 Survey team: Angela Strass, RN Sue Brooker, RD Census bed type: SNF: 4 SNF/NF: 58 Total: 62 Census payor type: Medicare: 8 Medicaid: 45 Other: 9	F 000	The facility would like to request a desk review for this survey	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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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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	Total: 62 Sample: 6 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 6, 2015 by Randy Fry RN.			
F 465 SS=D Bldg. 00	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observations, 3 resident interviews with alert and oriented residents,(Residents B, C, and D), and interview with facility staff, the facility failed to ensure comfortable shower room temperatures for 1 of 3 shower rooms. Findings include: On 3/4/15 at 9:00 a m. interview with resident (B) indicated the shower room was cold. Resident (B) also indicated staff would open the window in the room.	F 465	It is the intent of this facility to keep all Mechicanial equipment working properly Any Mechanical equipment in the facility that is found to not be working in any resident area will be fixed immediately, no other residents in the building were found to be affected The Relay switch was repaired on 5 March 2015 Mechanical equipment will be monitored through the TELS preventive maintenance program The maintenance man will check the heating elements on his maintenance rounds daily as part of the TELS program and any items found not working will be fixed immediately; on going	03/06/2015

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	Interview with resident (C) on 3/5/15 at 8:40 a.m. was queried if the shower rooms were comfortable in temperature. Resident (C) indicated the room was always cold when he received a shower. Interview with resident (D) on 3/5/15 at 8:45 a.m. indicated the shower room was cold when she was showered by staff. Observation of the 100 hall shower room on 3/4/15 at 9:10 a.m. indicated the room was cold. CNA #1 was asked to come to the shower room and turn on the overhead heater. CNA #1 attempted to turn on the heater but no heat was coming from the unit. On 3/4/15 at 9:15 a.m. CNA #2 was asked to accompany this writer into the shower room on the 200 hall. The CNA was unable to get the heating unit to turn on. On 3/4/15 at 9:20 a.m. Observation of the 300 hall shower room indicated the room to be very warm. Observation of the room did not indicate it had a ceiling heating unit, but there was a heating duct in the ceiling which provided heat		issues will be reviewed in Safety Meetings monthly and then reviewed through the QA monthly meetings on going	

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	to the room. On 3/4/15 at 10:00 a.m. the 100 hall and 200 hall showers were toured with the Director of Nursing. The 100 hall shower room heating unit would not turn on but the 200 hall shower room heater was working. Interview with the Administrator on 3/5/15 at 1:50 p.m. indicated the "relay switch" on the heater in the 100 hall unit shower room had become worn and did not always turn on the heater. The administrator indicated she had found out the previous maintenance man would push the switch when staff had problems with the heater working but had not replaced the switch. The Administrator indicated the switch will be replaced. On 3/5/15 at 2:00 p.m. review of residents interviewed (B, C & D) all lived on the 100 hall. This finding is related to complaint IN00166431 3.1-19(f)			