

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2024

FORM APPROVED

OMB NO. 0938-039

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 06/25/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK REHABILITATION AND HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 1400 MEDICAL PARK DR FORT WAYNE, IN 46825			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00436372.</p> <p>Complaint IN00436372 - Federal/state deficiencies related to the allegations are cited at F742.</p> <p>Survey date: June 25, 2024</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p> <p>Census Payor Type: Medicare: 2 Medicaid: 50 Other: 9 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed June 27, 2024</p>			F 0000	<p>The facility respectfully requests a desk review for the citations listed within this survey. Preparation, submission, and implementation of this Plan of Correction does not can admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>		
F 0742 SS=D Bldg. 00	<p>483.40(b)(1) Treatment/Srvcs Mental/Psychosocial Concerns §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- §483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brent Swan

Executive Director

07/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;</p> <p>Based on observation, interview and record review, the facility failed to ensure an effective behavior care plan, behavioral assessments, behavior monitoring and documentation was completed for 1 of 3 residents reviewed for behavioral health (Resident K).</p> <p>Findings include:</p> <p>On 6/25/24 at 10:26 A.M., Resident K's record was reviewed. Diagnoses included major depressive disorder, bipolar disorder, Schizophrenia, and diabetes. She had a history of urinary tract infections (UTI) and had been treated with antibiotics on 2/12/24 for a positive urinalysis and mild confusion and again, on 3/6/24 followed by hospitalization and treatment with intravenous (IV) antibiotics.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 4/27/24, indicated the resident had no cognitive impairment and no behaviors, delusions, or hallucinations. She had several mood indicators including little interest or pleasure in doing things; feeling down, depressed or hopeless; trouble falling asleep or sleeping too much; feeling tired or little energy; poor appetite or overeating; feeling bad about herself; and trouble concentrating on things such as reading or watching TV. She had moderately severe depression according to her score of 17 on the Patient Health Questionnaire (PHQ2-9).</p> <p>A care plan, revised 6/18/24, indicated the resident was at risk for impaired psychosocial well-being,</p>			F 0742	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident K is no longer a resident of University Park as the resident requested her preference was to find a facility that could accommodate a private room.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents with mental disorders, PTSD, or history of trauma have the ability to be affected by the alleged deficiency. The Social Services director has audited all residents to determine those that could be affected and ensured that care plans have been updated to reflect their diagnosis. Additionally, each identified resident has been added to a Behavior Tracking binder for nursing staff to log any behavior notes at each nurse's station. All staff have been in-serviced by the Social Services Director and/or designee to educate the requirements of documentation via progress notes in the resident's</p>		07/09/2024

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	<p>sensory deficits, communication deficits and cognitive deficits due to bipolar disorder, generalized anxiety disorder, Schizophrenia, major depressive disorder with psychotic features, psychosis, and history of hallucinations and delusions; she may threaten self harm, refuse or be resistant to care, or make false allegations/confabulation. Interventions included: care in pairs; approach resident in a calm manner to avoid frustration and behavior escalation-if becomes agitated and shows signs of escalation, re-approach later; assess for verbal and non-verbal signs and symptoms of pain; assist her to cope by discussing possible solutions to conflict; behavioral health consults as needed; encourage to ask questions about medical condition to reduce anxiety;give non-judgmental support; maintain a consistent routine; offer choices; and observe and document episodes of inappropriate behaviors and notify physician when behaviors persist or won't de-escalate. The care plan didn't indicate the resident had a history of UTI's accompanied by changes in her behaviors.</p> <p>A facility-reported incident, to the Indiana Department of Health, indicated on 6/10/24 at 1:05 p.m., Resident K reported an employee had touched her inappropriately. She was transported to the hospital and returned to the facility following evaluation.</p> <p>On 6/25/24 at 11:00 A.M., Resident K was observed in her room, seated in a wheelchair. She indicated she was doing well since returning from the hospital but wanted to know if her family was aware she had returned. She hadn't known why she'd gone to the hospital. She indicated one minute she'd been sitting in her room and the next, she was being taken to the hospital. She indicated</p>			<p>clinical record regarding behaviors observed. Staff is to document all behaviors into the clinical record via progress notes of any resident displaying behaviors.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Social Services director has created a Behavior Tracking log and binder that has been placed at each nursing station. All staff have been educated on documenting behaviors in the Tracking Log for the Social Services Director to monitor. Tracking Logs are to be obtained daily by the Social Services Director or designee. Upon receipt of the tracking logs, the Social Services director will verify that proper behavior notes and updates to family and physicians have been completed. Additionally, the Social Services director will provide the Behavior Tracking logs to the morning stand up meeting each morning for the Facility Management Team to discuss and audit care plans for appropriateness.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</p> <p>The Social Services Director will audit Behavior</p>			

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	<p>she had been sitting in front of her TV, talking to herself and the TV because she had no roommate or anyone else to talk with.</p> <p>A Psychosocial Assessment, dated 6/10/24 at 4:35 p.m., indicated the reason for the assessment was due to a sexual allegation from staff to resident. The resident had full recollection and awareness of the event and could provide details. She had no observed changes in her mood or behaviors. She would be referred to the psychologist for evaluation and counseling, have her cognition re-assessed and her care plan updated.</p> <p>A Social Service progress note, dated 6/11/24 at 4:22 p.m., indicated Resident K had been sent to the hospital on 6/10/24 and had returned later in the evening with no new orders.</p> <p>On 6/12/24 at 12:50 p.m., a nurse progress note indicated the psychiatric NP (Nurse Practitioner) had been given an update of the resident's behaviors. New orders were received to obtain a urinalysis and administer Rocephin (antibiotic) 1 gram intramuscularly for 3 days for UTI.</p> <p>A Social Service progress note, dated 6/14/24 at 1:42 p.m., indicated the resident was going to be sent to the neuropsychiatric hospital due to her behaviors.</p> <p>On 6/14/24 at 3:47 p.m., a nurse progress noted indicated the resident was transferred to the neuropsychiatric hospital. She was alert and oriented at time of transfer; denied pain or discomfort; was assisted by 2 to get on the gurney. Resident K's belongings, paper work, and medication was sent with her.</p> <p>A nurse progress note, dated 6/21/24 at 3:00 p.m.,</p>				tracking logs to ensure appropriate notes have been entered into the clinical record for all at risk residents on a weekly basis until 100% compliance is noted in clinical records for one month. Additionally, The Executive Director and the QAPI committee will discuss behavior management logs in quarterly QAPI meetings until 100% compliance in the clinical record is verified for two consecutive quarters. The Executive Director and Social Services Director will audit Behavior tracking logs on a weekly basis until 100% compliance is noted in clinical records for one month.		

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	<p>indicated Resident K had returned to the facility. She arrived per gurney and transferred to bed with 2 assist. Her mood was pleasant, she spoke appropriately and was alert and oriented to person, place, and time.</p> <p>A Psychiatric NP progress note, dated 6/22/24 at 9:05 a.m., indicated the resident was visited to follow up on her psychiatric hospital stay. Prior to her hospital stay, the NP had been notified several times over the past few weeks Resident K believed she was being digitally raped by others. She was sent to inpatient psychiatric hospital where she was treated for a urinary tract infection. The medication changed were her Prozac (anti-depressant), reduced in dosage to 20 milligrams (mg) by mouth every day. During the visit, the resident was pleasantly confused and indicated she was doing well but was "part of the royal family". She was not distressed by the delusion and was smiling and pleasant. She would be monitored closely and re-evaluated for signs of UTI. "Infections can be cause of delusions, paranoia and hallucinations" and the resident had a "long history of these positive/negative symptoms of Schizophrenia".</p> <p>A Psychiatric Progress Note, dated 6/17/24 from the neuropsychiatric hospital, indicated the resident's "history of present illness upon admission" was due to being non-compliant with her medications "for some time" and experiencing auditory and visual hallucinations. She had been sent to the local emergency room where she had an elevated blood glucose level and altered mental status. She had a history of bipolar disorder and needed urgent rapid stabilization for mental health safety and care.</p> <p>Review of the MAR (Medication Administration</p>						

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	<p>Record) dated May 2024 and June 2024, indicated the resident was prescribed the following psychotropic medications to treat her mental disorders:</p> <p>-Prozac 60 mg by mouth every day for depression. -Latuda (antipsychotic) 60 mg by mouth every day for bipolar and Schizophrenia. -Risperdal (antipsychotic) 6 mg by mouth at bedtime every day for depression.</p> <p>On 6/25/24 at 11:20 A.M., the Director of Nursing (DON) was interviewed. She indicated behaviors were to be documented in the nurse progress notes or on the MAR and emar notes.</p> <p>LPN 2 (Licensed Practical Nurse) was interviewed, on 6/25/24 at 11:30 A.M., and asked where behaviors were charted. She indicated behaviors were charted in the progress notes. She indicated some residents had orders for specific behaviors to be monitored which would be documented on the MAR.</p> <p>The MAR dated May 2024 indicated the resident had not refused any of her psychotropic medications. There were no behaviors documented on the MAR</p> <p>The MAR dated June 2024 indicated the resident had not refused any of her psychotropic medications. There were no behaviors documented on the MAR</p> <p>A review of progress notes between May 1, 2024 and June 25, 2024 indicated there were no behaviors or notes a history of UTI's accompanied changes in Resident K's behaviors documented.</p>						

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	<p>On 6/25/24 at 11:50 A.M., the SSD (Social Services Designee) and Administrator were interviewed. Both indicated Resident K's allegation of being inappropriately touched by a staff member had been unsubstantiated and her behaviors attributed to a UTI. Both indicated the resident was seen at the hospital on 6/10/24 and upon her return she continued with behaviors of delusions and hallucinations the behaviors, delusions and hallucinations should have been documented in the progress notes but were not.</p> <p>A current facility policy, titled "Behavioral Assessment and Monitoring", was provided by the Administrator on 6/25/24 at 2:08 P.M., which stated: "It is the policy of the facility to provide residents with behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care...'Behavior' is the response of an individual to a wide variety of factors. These factors may include medical, physical, functional, psychosocial, emotional, psychiatric, or environmental causes...The nursing staff will identify, document, and inform the physician about specific details regarding changes in an individuals mental status, behavior, and cognition including: a) onset, duration, intensity and frequency of behavioral symptoms; b) any recent precipitating or relevant factors or environmental triggers [e.g., medication changes, infection, recent transfer from hospital]; and appearance and alertness of the resident and related observations...The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition including: physical or medical</p>						

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	<p>changes; emotional, psychiatric and/or psychological stressors; or functional, social or environmental factors...interventions (for behaviors) will be individualized and part of an overall care environment supports physical, functional and psychosocial needs and strives to understand, prevent or relieve the resident's distress or loss of abilities...The care plan will include, as a minimum: description of the behavioral symptoms including; frequency; intensity; duration; outcomes; location; and environment and precipitating factors or situations...Monitoring: if the resident is being treated for altered behavior or mood, the IDT will seek and document any improvements or worsening in the individual's behavior, mood, and function. The IDT will monitor the progress of individuals with impair cognition and behavior until stable...."</p> <p>This tag relates to Complaint IN00436372.</p> <p>3.1-43(a)(1)</p>						