

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

PRINTED: 12/04/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155327		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/07/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00445457, IN00445607, IN00445897, and IN00446489.</p> <p>Complaint IN00445457 - No deficiencies related to allegations are cited.</p> <p>Complaint IN00445607 - No deficiencies related to allegations are cited.</p> <p>Complaint IN00445897 - Federal/State deficiencies related to the allegation are cited at F880.</p> <p>Complaint IN00446489 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey dates: November 6 and 7, 2024</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Census Bed Type: SNF: 18 NF: 111 Total: 129</p> <p>Census Payor Type: Medicare: 13 Medicaid: 98 Other: 18 Total: 129</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 13, 2024.</p>			F 0000	<p>The plan of correction is to serve as University Heights Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by University Heights Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in the facility. Nor does this submission constitute an agreement or admission of the survey allegations. University Heights Health and Living Community is respectfully requesting consideration for desk review.</p>		

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

TITLE

(X6) DATE

Justin Pena

Assistant Administrator

11/22/2024

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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F 0755 SS=E Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, interview, and record review, the facility failed to ensure controlled medications were reconciled accurately for 4 of 8 medication carts. (200 Hall Medication Cart, 100 Hall Medication Cart, 400 Hall Medication Cart, 700/800 Hall Medication Cart)</p> <p>Findings include:</p> <p>1. On 11/7/24 at 12:44 p.m., during the controlled medication reconciliation for the 200 hall medication cart, the Nurse's Narcotic Sign In/Out Sheet, dated 11/1/24 until 11/7/24 at 12:44 p.m., was reviewed. The document had a grid with lines that were numbered to correspond with each day of the month. There were spaces running across the grid for the nurse to write the number of controlled medication packets inside the cart at the beginning of the shift, the number of medication packets added or removed during that shift, and spaces for each nurse to sign once the medication packets and count sheets were reconciled. At that time, Qualified Medication Aide (QMA) 1 indicated the document was for the nurses to keep track of how many packets of controlled medications were inside the medication cart. QMA 1 should have filled out the document completely at the beginning of her shift. The following spaces were blank:</p> <ul style="list-style-type: none"> - 11/1/24, night shift spaces were blank. - 11/2/24, day shift spaces were blank and night shift signature spaces were blank - 11/3/24, day shift spaces were blank and night shift signature spaces were blank - 11/4/24, day shift spaces were blank. - 11/5/24, evening shift signature spaces were 			F 0755	<p>F 755 Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>I The corrective actions to be accomplished for those residents found to have been affected by the practice. Controlled medications were reconciled for medication carts on 200, 100, 400, 700 and 800 halls.</p> <p>II The facility will identify other residents that may potentially be affected by the practice. Facility wide audit of Nurse's Narcotic Sign In/Out Sheets was conducted. Any discrepancies with the sign in/out sheet were addressed immediately.</p> <p>III The facility will put into place the following systemic changes to ensure that the practice does not recur. Nurses and Qualified Medication Aides are being educated on the Nurse's Narcotic Sign In/Out Sheet guidelines/policy.</p> <p>IV The facility will monitor the corrective action by implementing the following measures. The DON, or designee, will complete audits of Nurse's Narcotic Sign In/Out Sheet on all medication carts daily for 4</p>		11/25/2024

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	<p>blank</p> <p>- 11/6/24, day shift and evening shift signature spaces were blank</p> <p>- 11/7/24, day shift spaces were blank.</p> <p>2. On 11/7/24 at 1:10 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 100 hall medication cart, dated 11/1/24 until 11/7/24 at 1:10 p.m., was reviewed. The following spaces were blank:</p> <p>- 11/1/24, day shift spaces were blank</p> <p>- 11/2/24, day shift and evening shift spaces were blank</p> <p>- 11/3/24, evening and night shift spaces were blank</p> <p>- 11/5/24, day shift signature spaces and all night shift spaces were blank</p> <p>- 11/6/24, day and evening shift spaces were blank</p> <p>3. On 11/7/24 at 1:30 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 400 hall medication cart, dated 11/1/24 until 11/7/24 at 1:30 p.m., was reviewed. The following spaces were blank:</p> <p>- 11/1/24, day shift spaces were blank</p> <p>- 11/2/24, night shift spaces were blank</p> <p>- 11/3/24, evening shift and night shift spaces were blank</p> <p>4. On 11/7/24 at 1:30 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 700 and 800 halls, dated 11/1/24 until 11/7/24 at 1:30 p.m., was reviewed. The following spaces were blank:</p> <p>- 11/1/24, total number of sheets for all shifts were blank</p> <p>- 11/2/24, total number of sheets for all shifts were blank</p> <p>- 11/3/24, total number of sheets for all shifts were blank</p>				<p>weeks, weekly for 12 weeks, then monthly for 8 months for a total of 12 months of monitoring.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of audits will be increased as needed if compliance is below 100%.</p> <p>V Date of Compliance: November 25th, 2024</p>		

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F 0880 SS=D Bldg. 00	<p>- 11/4/24, total number of sheets for all shifts were blank</p> <p>- 11/5/24, total number of sheets for all shifts were blank</p> <p>- 11/6/24, total number of sheets for all shifts were blank</p> <p>- 11/7/24, day shift spaces were blank</p> <p>On 11/7/24 at 12:52 p.m., the DON provided a copy of a document, titled Nurse's Narcotic Sign In/Out Sheet, dated 11/2024, and indicated this was the current document used by the facility to reconcile controlled medications. A review of the document indicated controlled medications were to be counted at the beginning and end of every shift. The on-coming and off-going nurses were to sign in the designated spaces to indicate correctness of the count (medication packets and count sheets). Discrepancies were to be reported immediately to the Director of Nursing (DON) and Administrator.</p> <p>This citation relates to Complaint IN00446489.</p> <p>3.1-25(e)(3)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was used during a dressing change for a resident with an open wound on enhanced barrier precautions (EBP) for 1 of 1 residents observed for wound care. (Resident B)</p> <p>Findings include:</p> <p>On 11/7/24 at 8:39 a.m., Resident B's wound to the</p>			F 0880	<p>F 880 Infection Prevention & Control</p> <p>I The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>PPE is being used by staff during dressing changes for Resident B.</p> <p>II The facility will identify other residents that</p>		11/25/2024

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	<p>left heel was observed during wound care. The wound was approximately 5 centimeters (cm) by 5 cm, beefy red wound base with a scant amount of pink drainage and did not have any odor. The wound care was provided by RN 1 with the assistance from the Director of Nursing (DON). The DON and RN 1 applied alcohol based hand sanitizer to their hands and applied clean gloves but did not put on any other PPE.</p> <p>During an interview on 11/7/24 at 9:24 a.m., the DON indicated Resident B was on EBP and she and RN 1 should have put on a gown before providing wound care to Resident B.</p> <p>During an interview on 11/7/24 at 9:30 a.m., RN 1 indicated she was not sure if Resident B was on EBP. If Resident B was on EBP a physician's order would have been entered into the electronic medical record (EMR). RN 1 was not aware of any gowns in Resident B's room, but if she needed a gown she could go to the supply closet located approximately 40 feet from Resident B's room. At that time, RN 1 reviewed Resident B's physicians orders and indicated Resident B was on EBP and she should have worn a gown when providing wound care.</p> <p>On 11/7/24 at 9:32 a.m., observed the EBP sign hung above Resident B's head of bed. At that time, Resident B indicated staff rarely wore gowns when providing wound care. Resident B was not aware of any gowns in his room.</p> <p>The clinical record for Resident B was reviewed on 11/7/24 at 11:59 a.m. The diagnoses included, but were not limited to, diabetes, deep vein thrombosis, and a stage three pressure ulcer to left heel.</p>				<p>may potentially be affected by the practice.</p> <p>Staff are utilizing PPE during dressing changes for other residents with open wounds who require EBP.</p> <p>III The facility will put into place the following systemic changes to ensure that the practice does not recur.</p> <p>Facility nursing department consisting of CNAs, QMAs, and Nurses are being educated on Enhanced Barrier Precautions protocol.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>The DON, or designee, will complete 5 random audits on EBP compliance daily for 4 weeks, weekly for 12 weeks, then monthly for 8 months for a total of 12 months of monitoring.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of audits will be increased as needed if compliance is below 100%.</p> <p>V. Date of Compliance: November 25th, 2024.</p> <p>The Administrator will be responsible for ensuring the facility is in compliance by the date of</p>		

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	<p>The Annual Minimum Data Set (MDS) assessment, dated 9/30/24, indicated Resident B was cognitively intact and was admitted with an unhealed stage three pressure ulcer.</p> <p>A care plan, dated 7/29/24, indicated Resident B required enhanced barrier precautions related to wounds. The interventions included, but were not limited to, apply gown and gloves for chronic wound care and provide education to Resident B, Resident B's family, and staff as needed.</p> <p>A current physician's order started, on 7/23/24, indicated enhanced barrier precautions.</p> <p>On 11/7/24 at 11:16 a.m., the DON provided a copy of the enhanced barrier precautions sign that was hung in Resident B's room at the head of his bed. A review of the sign indicated that providers and staff must wear gloves and a gown for wound care.</p> <p>On 11/7/24 at 10:20 a.m., the DON provided a copy of a facility policy, titled Enhanced Barrier Precautions Policy and Procedure, dated 4/1/24, and indicated it was the current policy used by the facility. A review of the policy indicated use of EBP was indicated for residents with any skin opening the required a dressing such as a pressure ulcer or unhealed surgical wound.</p> <p>This citation relates to Complaint IN00445897.</p> <p>3.1-18(b)(1)</p>				compliance listed.		