

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

PRINTED: 02/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155200		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1564 S UNIVERSITY BLVD UPLAND, IN 46989			
(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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00447542, IN00448177, IN00449768, IN00450700, IN00450902, IN00451067, and IN00451650.</p> <p>Complaint IN00447542 - Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Complaint IN00448177 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00449768 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450700 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450902 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451067 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451650 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 28, 29 & 30, 2025</p> <p>Facility number: 000107 Provider number: 155200 AIM number: 100290330</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p>			F 000			

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 000	Continued From page 1 Census Payor Type: Medicare: 2 Medicaid: 53 Other: 6 Total: 61 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed February 4, 2025.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 609			

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F 609	<p>Continued From page 2</p> <p>Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility staff failed to report an allegation of abuse to the Administrator per facility policy for 1 of 4 residents reviewed for abuse. (Resident C) The deficient practice was corrected on 12/2/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Finding includes:</p> <p>During an interview on 1/29/25 at 9:55 a.m., Resident C indicated Resident D had entered her room several times. Resident D continued to open and shut her door several times and then enter the room again. Resident C asked her to leave her alone and Resident D began to argue and yell, then kicked Resident C in the left shin. Staff came in and escorted Resident D out of her room. Her leg was sore, but had no open wound. She was unsure what specific day the incident occurred, but indicated it was in the evening before she went to bed.</p> <p>During an interview on 1/29/25 at 11:13 a.m., with the DON and Administrator, the DON indicated she had not been informed of any incident between Resident C and Resident D in November 2024. The Administrator also indicated she had not been informed of any incident between Resident C and Resident D.</p> <p>During an interview on 1/29/25 at 12:25 p.m., the DON indicated she had reviewed the resident's electronic health record and found no information</p>	F 609	Past noncompliance: no plan of correction required.		

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F 609	<p>Continued From page 3</p> <p>regarding an incident in November 2024. She had been unable to determine, based on staff interviews, what date the incident had occurred, but had determined it was on the evening shift.</p> <p>During an interview on 1/29/25 at 2:18 p.m., RN 6 indicated Resident C told her that Resident D had entered her room several times and kicked her in the left shin the night before. RN 6 was unable to clarify if this report was on the morning of 11/13/24 or 11/24/24. RN 6 asked the resident if she had reported this to anyone and resident replied "no." Upon finishing her morning medication administration that day, she reported Resident C's statement to the Administrator and DON. She had not documented the allegation in the residents clinical record.</p> <p>During a telephone interview on 1/29/25 at 3:18 p.m., LPN 4 indicated she had not witnessed an altercation between Resident C or Resident D. She worked the evening shift on 11/13/25. Resident C had told her about Resident D coming in her room, but no specifics. LPN 4 had not asked any questions of Resident C regarding her statement.</p> <p>During a telephone interview on 1/29/25 at 3:58 p.m., CNA 3 indicated she had not witnessed any altercation between Resident C or Resident D. She had not seen Resident D in Resident C's room. She had worked on the evening shift on 11/12/24 and 11/13/24 on the 300 hall. Another staff member, whom she could not identify, told her that the residents "had words" and Resident D kicked Resident C in the leg. She was not aware if any staff had reported the altercation to the Administrator. She could not recall if the other staff member had indicated the night the incident</p>	F 609			

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F 609	<p>Continued From page 4 occurred.</p> <p>Resident C's clinical record was reviewed on 1/29/25 at 10:58 a.m. Resident C was cognitively intact. Diagnoses included lymphedema, venous insufficiency, peripheral vascular disease, major depressive disorder, and cellulitis.</p> <p>Resident C's progress notes and event charting lacked an entry of an incident with Resident D or assessment following the incident.</p> <p>Resident D's clinical record was reviewed on 1/30/25 at 11:35 a.m. Resident D had moderate cognitive impairment. Diagnoses included vascular dementia with mood disturbance and major depressive disorder.</p> <p>Resident D's progress notes and event charting lacked an entry of an incident with Resident C or assessment following the incident.</p> <p>A current facility policy, revised June 2023, titled, "Abuse Prohibition, Reporting, and Investigation," provided by the Corporate Nurse Consultant on 1/28/25 at 2:50 p.m., included the following: "...Reporting/Response: 1. All abuse allegations must be report to the Executive Director immediately...."</p> <p>The deficient practice was corrected by 12/2/24 after the facility implemented a systemic plan that included a facility inservice regarding abuse, report of abuse, and investigation.</p> <p>This citation relates to complaint IN00447542.</p> <p>3.1-28(c)</p>	F 609			