

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

PRINTED: 12/21/2023

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 12/06/2023	
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 Complaints IN00421973 and IN00422638.</p> <p>Complaint IN00421973- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00422638 - Federal/State deficiencies related to the allegations are cited at F684 and F761.</p> <p>Survey date: December 5 and 6, 2023.</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 1 Medicaid: 66 Other: 2 Total: 69</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 6, 2023</p>			F 0000			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the</p>						

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

TITLE

(X6) DATE

Faith Mills

RN-HFA

12/18/2023

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 disclosable 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>comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review the facility failed to follow physician orders for 1 of 3 residents reviewed (Resident G).</p> <p>Findings include:</p> <p>Resident G's record was reviewed on 12/5/23 at 2 PM. Diagnoses included atherosclerotic heart disease, edema and dementia.</p> <p>An active order, dated 5/27/2022, indicated weekly weights were to be completed every Friday.</p> <p>The weight log, reviewed 8/2/2023 - 12/2/2023, indicated Resident B was not weighed during the following weeks:</p> <p>8/13/2023 - 8/19/2023 8/20/2023 - 8/26/2023 9/3/2023 - 9/9/2023 9/10/2023 - 9/16/2023 9/17/2023 - 9/22/2023 10/1/2023 - 10/7/2023 10/8/2023 - 10/14/2023 10/22/2023 - 10/28/2023 10/29/2023 - 11/4/2023 11/12/2023 - 11/18/2023</p> <p>Resident G's nursing notes indicated there were no refusal and/or documentation of refusal of weights during the missed weekly weights above.</p> <p>During an interview on 12/5/23 at 1:13 PM, Qualified Medication Aide (QMA) 2 indicated</p>	F 0684	<p>F 684 Quality of Care POC</p> <p>1 What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The residents had weekly weights obtained and weight documented.</p> <p>2 How will other residents having the potential to be affected by the same deficient practice be identified and what will corrective action be?</p> <p>Any resident residing in facility has the potential to be affected by</p> <p>Deficient practice. The Residents will be monitored weekly in the NAR meetings.</p> <p>1.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p>		12/15/2023		

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F 0761 SS=E Bldg. 00	<p>orders were to be followed. QMA 2 indicated when the resident refused then the refusal was documented.</p> <p>A policy, dated 12/1/2023, titled "Physician Services and Orders," was provided by the Director of Nursing on 12/6/23 at 10:21 AM. The policy indicated "all physician orders will be followed as prescribed and if not followed, the reason shall be documented in the resident's medical record."</p> <p>This Citation relates to Complaint IN00422638.</p> <p>3.1-37(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include</p>				<p>Inservice held with all nursing staff related to obtaining weekly weights. See attachment #1.</p> <p>1.How the corrective action(s) will be monitored to ensure the deficient practice. Audits will be completed weekly to assure compliance with weekly weights. (see attachment #2). The responsible party for this plan of correction will be Director of Nursing/designee. The audits will be followed in QAPI thereafter. The results of these audits will be completed weekly for 6 months. Audits will be reviewed in QAPI meeting monthly for 6 months or until 100% compliance is achieved. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5. Date of Compliance : 12-15-23</p>		

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	<p>the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview the facility failed to ensure medication and treatment carts were secured/locked for 2 of 3 observations.</p> <p>Findings include:</p> <p>During an continuous observation on 12/5/23 at 1:10 PM - 1:13 PM, 2 medication carts on 200 hall were unlocked and 1 treatment cart on 300 hall was unlocked. There were no staff present at the medication or treatment carts. 3 staff and 2 residents were also observed walking past the carts.</p> <p>During an observation on 12/5/23 at 1:20 PM, the 100 hall treatment cart was unlocked. There were</p>			F 0761	<p>F 761 Label/Store Drugs and Biologicals</p> <p>1 What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice? There were not any residents affected by this deficient practice.</p> <p>2 How will other residents having the potential to be affected by the same deficient practice be identified and what will corrective action be? Any resident residing in</p>		12/15/2023

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	<p>no staff present at the treatment cart.</p> <p>In an interview on 12/5/23 at 1:13 PM, Qualified Medication Aide (QMA) 2 indicated all medication carts should be locked when not in use.</p> <p>In an interview on 12/5/23 at 1:20 PM, Licensed Practical Nurse (LPN) 3 indicated all medication and treatment carts should be locked when not in use.</p> <p>A resident roster was provided by the Administrator on 12/5/23 at 1:40 PM. The roster indicated 17 residents resided on the 100 hall, 28 residents resided on the 200 hall and 46 residents resided on the 300 hall.</p> <p>A policy, dated 2007, titled "Medication Storage," was provided by the Director of Nursing on 12/6/23 at 10:21 AM. The policy indicated medication rooms, carts, cabinets and supplies should remain locked when not in use or attended by a person with authorized access.</p> <p>This Citation relates to Complaint IN00422638.</p> <p>3.1-25(m)</p>				<p>facility has the potential to be affected by Deficient practice.</p> <p>1.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Inservice held with all nursing staff related to Label/store Drugs and Biologicals. See attachment #3.</p> <p>1.How the corrective action(s) will be monitored to ensure the deficient practice. The responsible party for this plan of correction will be Director of Nursing/designee. The audit will be completed 5X's a week X 1 month, the</p> <p>3X's a week for 5 months. The audits will be followed in QAPI thereafter. The results of these audits will be completed for 6 month and reviewed in Quality assurance meeting monthly for 6 months or until 100% compliance is</p>		

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				<p>achieved. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. See attachment #4.</p> <p>5. Date of Compliance : 12-15-23</p>			