STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155567	A. BUILDING 01 B. WING	04/28/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
K 0000 Bldg. 01	An investigation of Complaint Number IN00407356 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Federal/State deficiencies related to the allegation were cited at K100 and K914, A Federal/State deficiency unrelated to the allegation was cited at K920 Survey Date: 04/28/23 Facility Number: 000459 Provider Number: 155567 AIM Number: 100289700 At this Complaint survey, University Park Rehabilitation and Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 104 and had a census of 70 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had a garage providing facility services including the storage of	K 0000	**The facility requests paper compliance for this plan of correction.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.***	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Goran Prentoski	Administrator	05/16/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	maintenance supplies that was not sprinklered. Quality Review completed on 05/04/23			
K 0100 SS=F Bldg. 01	NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on observation, records review, and interview, the facility failed to ensure 55 of 55 Packaged Terminal Air Conditioner (PTAC) were maintained in a safe operational condition. LSC 19.1.1.3.1 states all health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents in the facility. Findings include: Based on observation with the Maintenance Director on 04/28/23 between 11:30 p.m. and 12:30 p.m., the following was discovered: a). The PTACs in the resident rooms had dirty or clogged air filters. This condition blocks air from enterer the unit causing the PTACs to run harder and can lead to overheating. b). In room 314 there was a receptacle that had burn marks from overheating of a PTAC. c). Based on records review, the PTAC owner's manual stated, "to maintain unit efficiency clean the filter once every two weeks as required." There was no documentation to show the PTAC's	K 0100	**K100 General Requirements-Other** **The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** **1)Immediate actions taken for those residents identified** No resident was found to be affected by the finding. **2)How the facility identified other residents:** All residents that reside in the	05/19/2023

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	filters were cleaned ever two weeks. Based on interview at the time of observations, records review, and during exit conference, the Maintenance Director agreed the PTAC's filters were clogged, there was a burnt outlet, and stated the PTACs were not cleaned once every two weeks. The findings were reviewed with the Director of Nursing and the Maintenance Director during the exit conference. 3.1-19(b) This federal tag relates to complaint number IN00407356.		community have the potential to be affected by the alleged deficient practice. **3) Measures put into place/ System changes:** A) Facility has cleaned each PTAC unit in Resident rooms. B) Receptacle in Rm 314 has been replaced and tested. C) PTAC Units will be maintained per manufacture recommendations. **4)How the corrective actions will be monitored:** The Maintenance Director/designee will ensure to complete PTAC cleaning along with Receptacle testing as indicated per the manufacture guidelines and life safety requirements. This preventive maintenance has been included in our TELS system for auditing and compliance. These audits will be presented to QA monthly for compliance. **5) Date of compliance: 05/19/2023.**	
K 0914 SS=F Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals			

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	defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)			
	Based on observation, record review and interview, the facility failed to ensure non-hospital grade electrical receptacles of 55 of 55 resident sleeping rooms were tested at least annually and 1 of 1 new receptacle were tested upon installation. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all	K 0914	**K914- Electrical Systems-Maintenance & Testing** **The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** **1)Immediate actions taken for those residents identified** No resident was found to be	05/19/2023

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	residents. Findings include: #1. Based on observations with the Maintenance Director on 04/28/23 between 11:00 a.m. and 12:30 p.m., the facility's 55 resident sleeping rooms contained five to eight non-hospital-grade electrical receptacles. Based on records review at 11:30 a.m., no documentation was available to show the last time the electrical receptacles in resident sleeping rooms were tested. Based on interview at the time of the observation and records review, the Maintenance Director confirmed all the electrical receptacles in the resident sleeping rooms were not hospital-grade and stated it is unknow the last time the annual testing was completed. #2 Based on observations with the Maintenance Director on 04/28/23 at 12:03 p.m., room 309 had a burnt PTAC cord, the 200v outlet was burnt, and the outlet and cord were replaced on 4/24/22. Based on records review at 12:30 p.m., no documentation was available to show if the new receptacle was tested upon installation. Based on interview at the time of the observation and records review, The maintenance stated they knew of the burnt outlet and replaced it soon as possible, but the receptacle was not tested after installation. The findings were reviewed with the Director of Nursing and the Maintenance Director during the exit conference. 3.1-19(b) This federal tag relates to complaint number IN00407356.		affected by the finding. **2)How the facility identified other residents:** All residents that reside in the community have the potential to be affected by the alleged deficient practice. **3) Measures put into place/ System changes:** The facility has completed testing to Rm 309. **4)How the corrective actions will be monitored:** The Maintenance Director/designee will ensure to complete Receptacle testing as indicated per the life safety requirements. This preventive maintenance has been included in our TELS system for auditing and compliance. These audits will be presented to QA monthly for compliance. **5) Date of compliance: 05/19/2023.**	

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K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords power strips in patient care locations met the required UL rating of 1363A or 60601-1, and 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw according to NFPA-70/2011, 400.8. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 feet beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during	K 0920	**K920- Electrical Equipment-Power Cords and Extension cords** **The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not***	05/19/2023

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	examination and treatment. A patient care vicinity extends vertically to 7 feet 6 inches above the floor. This deficient practice affects four residents. Findings include: #1. Based on observation with the Maintenance Director on 04/28/23 at 11:48 a.m., in room 105 there was a power strip in use next to a resident's bed that did not meet 1363A or 60601-1. Based on interview at the time of observation, the Maintenance Director agreed a power strip was in use in a resident care vicinity and did not meet 1363A or 60601-1. #2. Based on observations with the Maintenance Director on 04/28/23 at 11:35 a.m., a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in resident room 314. Based on interview at the time of observation, the Maintenance Director acknowledged a power strip was supplying power to high power draw equipment. The findings were reviewed with the Director of Nursing and the Maintenance Director during the exit conference. 3.1-19(b)		***constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** **1)Immediate actions taken for those residents identified** No resident was found to be affected by the finding. **2)How the facility identified other residents:** All residents that reside in the community have the potential to be affected by the alleged deficient practice. **3) Measures put into place/ System changes:** #1 The facility has removed the power strip located in Rm 105 #2 The facility has removed the power strip located in Rm 314 **4)How the corrective actions will be monitored:** The Maintenance Director/designee has completed education with facility staff along with a house-wide audit to ensure all unapproved power cords or extension cords have been removed. Facility has initiated a weekly audit of 5 rooms per week to ensure no further unapproved power strips or extension cords are present within the campus. These audits will be presented to QA monthly for 6 months or until	

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			100% audit of house is complete to show 100% compliance. **5) Date of compliance: 05/19/2023.**	