

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

PRINTED: 09/09/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155820		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/24/2022	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1236 LINCOLN AVE EVANSVILLE, IN 47714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/24/22</p> <p>Facility Number: 000443 Provider Number: 155820 AIM Number: 100289580</p> <p>At this Emergency Preparedness survey, University Nursing and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 47 certified beds, with a current census of 42.</p> <p>Quality Review completed on 08/29/22</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/24/22</p> <p>Facility Number: 000443 Provider Number: 155820 AIM Number: 100289580</p> <p>At this Life Safety Code survey, University</p>			K 0000	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility respectfully requests the 2567 plan of correction to be considered our allegation of compliance</p>		

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 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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K 0345 SS=C Bldg. 01	<p>Nursing and Rehabilitation Center was found in substantial compliance with Requirements for Participation in 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.</p> <p>This two story facility with a ground level was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 47 and had a census of 42 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one brick framed garage used for facility storage.</p> <p>Quality Review completed on 08/29/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm system was</p>			K 0345	<p>effective September 2, 2022 to the State findings of the Annual Life Safety survey conducted on August 24, 2022. We respectfully request a desk review in lieu of a post-survey review.</p> <p>What corrective action(s) will be accomplished for those</p>		09/02/2022

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	<p>continuously in proper operating condition. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/24/22 at 12:30 p.m. during a tour of the facility with the Administrator and Maintenance Director, there was a yellow trouble light illuminated on the fire alarm control panel (FACP). Based on interview at the time of observation, the Maintenance Director acknowledged the yellow trouble light on the FACP and said the fire alarm system works fine. Furthermore, he said the trouble light is being caused by a missing smoke detector in one of the adjacent apartments. He said the apartments are connected to the facility's fire alarm system. He said a new smoke detector has been ordered and was told it should arrive at the facility within the next week. Finally, he said he has weekly contact with the monitoring company just to make sure there are no issues with the transmission of the alarm.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>residents found to have been affected by the alleged deficient practice? Although no specific residents were affected, all residents have the potential to be affected by the alleged deficient practice.</p> <p>How will other residents with the potential to be affected by the same alleged deficient practice be identified and what corrective action(s) will be taken? Although no specific residents were affected, all residents have the potential to be affected by the alleged deficient practice. The Maintenance Director has ordered the smoke detector needed to replace the one out in a connected apartment and will have it installed by compliance date.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? In-service will be held with Maintenance Director related to requirements of the fire alarm system and its testing and maintenance.</p> <p>How will the corrective action(s) be monitored to ensure the alleged deficient practice will not recur i.e., what quality assurance program will be put</p>		

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				into place? Maintenance Director/designee will complete audit tool related to maintenance of fire alarm system. This audit tool will be completed by Maintenance Director weekly for 8 weeks and monthly for 4 months. The outcome of this tool will be reviewed at the Quality Assurance meeting to determine if any additional action is warranted.			