

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

PRINTED: 12/28/2022

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 12/01/2022	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK REHABILITATION AND HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 1400 MEDICAL PARK DR FORT WAYNE, IN 46825			
(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
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review the facility failed to ensure 1 of 4 residents received bathing at least 2x weekly (Resident C).</p> <p>Findings include:</p> <p>In an interview on 12/1/22 at 11:54 AM, Resident C indicated he had not received bathing at least 2x a week. Resident C indicated he had not refused any bathing. Resident C indicated his hair was oily and was supposed to be washed with each bath.</p> <p>An observation was made on 12/1/22 at 11:54 AM, Resident C's hair was oily.</p> <p>A record review for Resident C was completed on 12/1/22 at 11:43 AM. Diagnosis included neuromuscular dysfunction of the bladder.</p> <p>An annual Minimum Data Set (MDS) Assessment, dated 10/1/22, indicated Resident C had a Brief Interview Mental Status (BIMS) of 13/15. (cognitively intact) The MDS also indicated Resident C was total dependent with 1 person physical assistance for bathing.</p> <p>A current care plan indicated Resident C choose to stay in bed and received bed baths instead of showers.</p> <p>Progress notes were reviewed from 11/1/22-12/1/22, no documentation indicated</p>			F 0677	<p>F-677 ADL PROVIDED FOR DEPENDENT RESIDENTS The facility respectfully requests a desk review for this citationPreparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>1. Immediate actions taken for those residents identified: Resident ,C,had ADL care, bed bath and shampoo offered and accepted by resident. Care plans reviewed and updated as required for resident.</p> <p>2. How the facility identified other residents: Any resident that is dependent for ADLs have the potential to be affected by deficient practice. Shower schedules reviewed and updated as indicated.</p>		12/15/2022

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

TITLE

(X6) DATE

Pamela Grabbe

RN Regional Nurse Consultant

12/12/2022

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>Resident C refused bathing.</p> <p>A point of care history report dated, 11/1/22 -12/1/22 for Resident C was provided by the Director of Nursing (DON) on 12/1/22 at 12:35 PM. The report indicated Resident C received bed bath/shower Tuesday and Friday AM with shampoo. The report indicated the following: 11/4/22: "Not applicable" 11/8/22: bed bath given There was no other documentation regarding Resident C's bathing.</p> <p>Shower report sheets, dated 11/1/22 - 12/1/22 for Resident C were provided by the DON on 12/1/22 at 11:43 AM. The documentation indicated Resident C received: 11/1/22: complete bed bath given, no shampoo 11/6/22: bath given with shampoo 11/22/22: completed bed bath given with shampoo</p> <p>There was no other documentation to indicate Resident C had reviewed showers between 11-8 and 11-22-22</p> <p>In an interview on 12/1/22 at 11:58 AM, Certified Nursing Assistant (CNA) 2 indicated the resident received bathing 2x a week at least. CNA 2 also indicated a complete shower and/or bed bath included head to toe and a hair wash with shampoo unless the resident refused. If a resident refused bathing the CNA would ask at least 3 times then notified the nurse.</p> <p>In an interview on 12/1/22 at 12:04 PM, the DON indicated Resident C received bed baths on Tuesday and Fridays. The DON indicated she was unable to find any other documentation regarding the missed bed baths.</p>				<p>3. Measures put into place/ System changes: Facility staff educated on components of F677 ADL provided for dependent residents, including following preference of care. Education provided on the proper procedure for documentation of care.</p> <p>4. How the corrective actions will be monitored: The responsible party for this plan of correction is the Director of Nursing /designee who will audit 10 random residents for shower completion 3 times weekly. Audits will be reviewed monthly during Quality Assurance. Audits will continue for 6 months and or until 100% compliance is achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of Compliance 12-15-2022</p>		

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	A policy was requested on 12/1/22 at 12:04 PM. A policy was not provided by the exit of the survey. 3.1-38(a)(3)						