STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155820	A. BUILDING 00 B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
UNIVERSITY NURSING AND REHABILITATION CENTER	1236 LINCOLN AVE EVANSVILLE, IN 47714

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00407542. Complaint IN00407542 - Federal/State deficiencies related to the allegations are cited at F695. Survey dates: May 3 & 4, 2023 Facility number: 000443 Provider number: 155820 AIM number: 100289580 Census Bed Type: SNF/NF: 39 Total: 39 Census Payor Type: Medicare: 1 Medicaid: 33 Other: 5 Total: 39 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on May 9, 2023.	F 0000	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 **effective May 18, 2023** to the State findings of the Complaint survey conducted on May 4 2023. We respectfully request a desk review in lieu of a post-survey review.	
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Teri McNeely	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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	comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. Based on observation, interview, and record review, the facility failed to ensure residents receiving supplemental oxygen were monitored per their plan of care for 2 of 3 residents reviewed for oxygen therapy. Residents did not have current physician orders for routine supplemental oxygen, and a resident's oxygen levels were not being routinely monitored. (Resident B, Resident C) Findings include: 1. During record review on 5/3/23 at 10:00 A.M., Resident B's diagnoses included, but were not limited to; heart failure, Chronic Obstructive Pulmonary Disease (COPD), and pulmonary edema. Resident B's most recent quarterly MDS (Minimal Data Set) assessment, dated 3/27/23 indicated the resident was short of air (SOA) when lying flat, and received oxygen. Resident B's physician orders included, but were not limited to; head of bed elevated to alleviate shortness of breath while lying flat (4/30/23), oxygen saturation - check every shift for shortness of breath (started 4/30/23). Resident B's physician orders did not include current routine, or as needed, orders for supplemental oxygen therapy. Resident B's care plan included, but was not limited to; Congestive Heart Failure, and COPD at increased risk for shortness of breath. Interventions included, but were not limited to;	F 0695	*What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?* **Residents B and C were not adversely affected by the alleged deficient practice. Current order for oxygen and saturation level monitoring requested and received from physician. MAR updated to reflect orders.** *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?* **All residents have the potential to be affected by alleged deficient practice. Baseline audit completed for all residents that may require oxygen and orders and MAR updated to reflect current need.** *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 all nursing staff by DON/designee regarding the importance of obtaining and following physician orders specific to resident need for oxygen and saturation monitoring.**	05/18/2023

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	oxygen therapy as ordered by the physician. Resident B's nurse's notes included, but were not limited to: 4/24/23 9:30 A.M. - Dialysis center called to report they had to send Resident B out to hospital... Resident was complaining of shortness of breath. 4/27/23 at 2:34 P.M. - Received call from doctor's office stating that Resident B's oxygen saturation is low and resident has increased shortness of breath... 5/3/23 at 4:12 A.M. - Resident B voiced complaint of being short of breath. Oxygen saturation at 88% on oxygen at 2 liters per minute... Resident request to go to the emergency room. During a an interview on 5/3/23 at 12:30 P.M., CNA 4 indicated that Resident B received routine oxygen therapy. During an interview on 5/3/23 at 12:40 P.M., QMA 6 indicated that Resident B received routine oxygen therapy, was alert and oriented, and would at times remove the nasal cannula himself. QMA 6 indicated if they noticed Resident B was not wearing oxygen, they would ask why the resident is not wearing the nasal cannula, and would encourage the resident to receive the oxygen. During an interview on 5/4/23 at 9:00 A.M., RN 5 indicated the resident was not receiving routine oxygen, but received oxygen on an as needed basis. RN 5 indicated Resident B did not always require supplemental oxygen. Resident B mostly need oxygen therapy while lying down. During an interview on 5/4/23 at 10:10 A.M., the DON (Director of Nursing) indicated Resident B returned from their most recent hospital stay with new orders for routine oxygen and that Residents		*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 into place?* **An audit tool will be put in place to monitor oxygen orders and routine saturation monitoring for all residents as warranted. This tool will be used Monday to Friday daily for 4 weeks, weekly for 8 weeks and monthly for 3 months. It will be implemented and monitored by the DON or designee. Any negative findings will be corrected immediately and forwarded to the Administrator. A report of progress will be forwarded to the QAPI committee monthly for a minimum of 6 months and plan adjusted accordingly.**	

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	receiving routine oxygen should have a physician's order. 2. During record review on 5/4/23 at 9:00 A.M., Resident C's diagnoses included, but were not limited to; asthma, hypoxemia, heart failure, and COPD. Resident C's most recent quarterly MDS assessment, dated 4/28/23, indicated the resident had moderately impaired cognition, and did not receive oxygen. Resident C's physician orders included, but were not limited to; head of bed elevated due to shortness of breath while lying flat. Resident C's physician orders did not included current routine, or as needed, orders for oxygen therapy. Resident C's care plan included, but was not limited to; Resident requires oxygen therapy. Interventions included, but were not limited to; Monitor oxygen saturation levels as ordered/per policy, and oxygen setting: Oxygen at 2-4 liters nasal cannula continuously. Resident C's documented oxygen saturation levels from 4/4/23 thru 5/4/23 included: 4/4/23 at 1:40 P.M. - 96% via Nasal Cannula 4/6/23 at 7:55 P.M. - 95% via Nasal Cannula 4/13/23 at 12:50 P.M. - 96% via Nasal Cannula 4/14/23 at 2:08 P.M. - 92% via Nasal Cannula 5/3/23 at 1:51 P.M. - 93% via Nasal Cannula During an observation on 5/4/23 at 9:40 A.M. , Resident C was observed sitting up in their bed. Resident C was wearing a nasal cannula with oxygen running at 2.5 liters per minute.			

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	During an interview on 5/4/23 at 9:40 A.M., Resident C indicated that staff does not routinely check their oxygen saturation levels. During an interview on 5/4/23 at 10:05 A.M., RN 5 indicated that Resident C was retaining carbon dioxide and oxygen orders were changed. The nurse that entered the new oxygen orders mistakenly made the order for a limited time, so the order had expired when it should not have. Reminders to monitor Resident C's oxygen saturation may have expired at the same time. Resident C should be on routine oxygen at 2.5 liters per minute and oxygen saturation should be monitored every shift and documented. On 5/4/23 at 10:30 A.M., the DON supplied an undated facility policy, titled Oxygen Administration. The policy included, "It is the policy of this facility to provide oxygen to Residents as needed and as ordered by their attending physicians. Orders are to be noted in the MAR (Medication Administration Record)... Pulse oximetry: Residents who have oxygen orders, whether scheduled or PRN (as needed), should have oxygen saturation levels measured by oximetry at least once in 7 days." This Federal tag relates to Complaint IN00407542. 3.1-47(a)(6)			