

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

PRINTED: 10/13/2022

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 09/28/2022	
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 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00390877.</p> <p>Complaint IN00390877 - Substantiated. Federal/State deficiencies related to the allegations are cited at F623 and F626.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: September 28, 2022</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Census Bed Type: SNF/NF: 55 Total: 55</p> <p>Census Payor Type: Medicare: 2 Medicaid: 45 Other: 8 Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 5, 2022.</p>			F 0000			
F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's</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 disclosed 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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	<p>representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The</p>						

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	<p>written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> <li>(i) The reason for transfer or discharge;</li> <li>(ii) The effective date of transfer or discharge;</li> <li>(iii) The location to which the resident is transferred or discharged;</li> <li>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</li> <li>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</li> <li>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</li> <li>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</li> </ul> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the</p>						

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	<p>updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to provide a 30 day Notice of Discharge for 1 of 3 residents reviewed for discharge. (Resident C)</p> <p>Findings include:</p> <p>On 9/28/22 at 11:03 A.M., Resident C's professional guardian was interviewed. Resident C was transferred to the hospital for aggressive behaviors on 8/1/22. The guardian was informed by the facility that the resident would not be allowed to return following hospital discharge. The guardian was not provided with required discharge paperwork nor given an opportunity to appeal the facility's decision. The guardian indicated the resident had to be transferred to a behavioral unit until a new nursing facility could be found.</p> <p>On 9/28/22 at 12:30 P.M., Resident C's record was reviewed. Diagnoses included, but were not limited to, schizoaffective disorder, tobacco use, major depressive disorder, and generalized anxiety disorder.</p>			F 0623	<p><b>F-623 Notice of Transfer - Discharge</b> <b>The facility respectfully requests a desk review for this citation</b></p> <p><b>Preparation, 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.</b></p> <p><b>1. Immediate actions taken for those residents identified:</b> Residents C no longer resides in facility.</p>		10/14/2022

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	<p>A discharge MDS assessment, dated 8/1/22, indicated the resident was anticipated to return to the facility following hospitalization.</p> <p>Progress notes indicated the following:</p> <p>-8/1/22 at 7:14 a.m., the resident was in the common area yelling profanity, was aggressive and hostile, and threw a glass vase towards those walking by. The psychiatric Nurse Practitioner (NP) was notified and gave orders to transfer resident to the hospital for evaluation. The resident was transferred to the hospital as ordered.</p> <p>-8/2/22 at 2:26 p.m., a psychiatric NP note indicated in their professional opinion, Resident C would be better in a secured locked unit due to lack of safety awareness to self and others as well as a long history of impulsivity and physical and verbal aggression.</p> <p>-8/14/22 at 3:01 p.m., a Social Services note indicated the hospital and guardian were made aware that once the resident was ready to discharge from the hospital, their facility would not accept the resident back due to the resident's diagnoses and overall safety of the resident and others living in the facility.</p> <p>There was no documentation of Involuntary Discharge found in the resident's medical record.</p> <p>On 9/28/22 at 2:30 P.M., the Administrator was interviewed. She indicated the required documentation for discharge which included the Involuntary Discharge form with appeal information was not provided to the resident's guardian but should have been according to their policy.</p>				<p><b>2. How the facility identified other residents:</b> Any resident discharging from the facility has the potential to be affected by practice.</p> <p><b>3. Measures put into place/ System changes:</b> staff educated on components of F623 notice of transfer discharge, including to requirements for notice to be provided to resident/ responsible party 30 days prior to an involuntary discharge, including the statement of appeal rights, notification of LTC ombudsman.</p> <p><b>4. How the corrective actions will be monitored:</b> The responsible party for this plan of correction is the administrator /designee who will audit discharged resident records to for notice of discharge, provision of appeal statement and notification of LTC ombudsman for compliance with regulation weekly x 6 months. Audits will be reviewed monthly during Quality Assurance. Audits will continue weekly 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>		

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F 0626 SS=D Bldg. 00	<p>A current facility policy, provided by the Director of Nursing on 9/28/22 at 11:29 a.m., stated the following: "Involuntary Discharge or Transfer...Reasons for transfer and discharge...c. The health and/or safety of individuals in the facility are endangered. This would include residents, facility staff, or facility visitors...Representative must be notified of the transfer/discharge and the reasons for the transfer. This notice must be provided in writing 30 days prior to transfer or as soon as practicable...d. The Indiana Department of Public Health (IDPH) prescribed form entitled 'NOTICE OF INVOLUNTARY TRANSFER OR DISCHARGE AND OPPORTUNITY FOR A HEARING' must be completed and given to the resident (or representative) with a copy placed in the resident record...e. The IDPH required form entitled 'REQUEST FOR HEARING' must be completed with the original given to the resident and copy placed in the resident record...."</p> <p>This Federal tag relates to Complaint IN00390877.</p> <p>3.1-12(a)(6)(A) 3.1-12(a)(9)</p> <p>483.15(e)(1)(2) Permitting Residents to Return to Facility §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the</p>				<p><b>5. Date of Compliance</b> <b>10-14-2022</b></p>		

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	<p>facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>Based on interview and record review, the facility failed to allow a resident to return to the facility after being sent to the hospital for an evaluation using the resident's behaviors prior to transfer as a basis for their decision for 1 of 3 residents reviewed for transfer and discharge. (Resident C)</p> <p>Findings include:</p> <p>On 9/28/22 at 11:03 A.M., Resident C's professional guardian was interviewed. The guardian alleged while visiting the facility, she overheard an administrative staff member indicate the facility was going to have the resident</p>			F 0626	<p><b>F-626 Permitting Residents to Return to Facility</b></p> <p><b>The facility respectfully requests a desk review for this citation</b></p> <p><b>Preparation, 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</b></p>		10/14/2022

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	<p>dropped off at the hospital. Shortly after overhearing this, the resident was transferred to the hospital for aggressive behaviors. The guardian was informed by the facility that the resident would not be allowed to return following hospital discharge. The guardian was not provided with required discharge paperwork nor given an opportunity to appeal the facility's decision. The guardian indicated the resident had to be transferred to a behavioral unit until a new nursing facility could be found.</p> <p>On 9/28/22 at 12:30 P.M., Resident C's record was reviewed. Diagnoses included, but were not limited to, schizoaffective disorder, tobacco use, major depressive disorder, and generalized anxiety disorder.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 6/14/22, indicated the resident had severely impaired cognition. She'd had no behaviors documented during the assessment period.</p> <p>A discharge MDS assessment, dated 8/1/22, indicated the resident was anticipated to return to the facility following hospitalization.</p> <p>Progress notes indicated the following:</p> <p>-8/1/22 at 7:14 a.m., the resident was in the common area yelling profanity, was aggressive and hostile, and threw a glass vase towards those walking by. Attempts were made to calm her, but she continued to yell, throw food, dishes and hot coffee. After going out to the courtyard, she returned indoors and was calmer but refused her medications. The psychiatric Nurse Practitioner (NP) was notified and gave orders to transfer resident to the hospital for evaluation. The</p>				<p><b>continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</b></p> <p><b>1. Immediate actions taken for those residents identified:</b> Resident C no longer resides in facility.</p> <p><b>2. How the facility identified other residents:</b> Any resident sent to hospital or on therapeutic leave from the facility has the potential to be affected by practice.</p> <p><b>3. Measures put into place/ System changes:</b> staff educated on components of F626 Permitting Resident to Return to Facility, after hospitalization or therapeutic leave.</p> <p><b>4. How the corrective actions will be monitored:</b> The responsible party for this plan of correction is the administrator /designee who will audit to ensure that all residents that are hospitalized or are on therapeutic leave are permitted to return to facility for compliance with regulation weekly x 6 months.</p>		



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	<p>resident was transferred to the hospital as ordered.</p> <p>-8/2/22 at 2:26 p.m., a psychiatric NP note indicated in their professional opinion, Resident C would be better in a secured locked unit due to lack of safety awareness to self and others as well as a long history of impulsivity and physical and verbal aggression.</p> <p>-8/14/22 at 3:01 p.m., a Social Services note indicated the hospital and guardian were made aware that once the resident was ready to discharge from the hospital, their facility would not accept the resident back due to the resident's diagnoses and overall safety of the resident and others living in the facility.</p> <p>There was no documentation to indicate the facility had evaluated the resident while hospitalized so see if her behaviors had improved thereby allowing her to safely return to the facility.</p> <p>On 9/28/22 at 2:30 P.M., the Administrator and Director of Nursing were interviewed. Both indicated the clinical team, which included the psychiatric NP, had reviewed the resident's long history of unsafe behaviors, refusals of medications, numerous outpatient stays at behavioral health units, and safety of residents and staff and determined the facility was unable to meet the resident's needs. The Administrator indicated it was the facility's policy to readmit resident's following hospitalization for acute issues however the clinical team believed the resident required a secured unit for her safety and that of others based on her behaviors at their facility. She indicated the clinical team had not reviewed her clinical condition at the hospital</p>				<p>Audits will be reviewed monthly during Quality Assurance. Audits will continue weekly 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><b>5. Date of Compliance</b> <b>10-14-2022</b></p>		

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F 0697 SS=D Bldg. 00	<p>because they had already determined she was not safe to readmit to their facility.</p> <p>This Federal tag relates to Complaint IN00390877.</p> <p>3.1-12(a)(26)</p> <p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on interview and record review, the facility failed to ensure pain medications were available for administration for 1 of 1 residents reviewed for pain\ (Resident M)</p> <p>Findings include:</p> <p>On 9/28/22 at 10:40 A.M., Resident M requested to share some concerns about his pain medications. He indicated he took a PRN (as needed) pain medication when he had severe pain. He didn't take it often because he hadn't wanted to get addicted to it. He had recently requested one of the pain pills and was told he didn't have any. He was concerned that someone had taken them and was upset they hadn't been available when he needed it.</p> <p>On 9/28/22 at 11:30 A.M., Resident M's record was reviewed. Diagnoses included, but were not limited to, Lumbago (low back pain) with right sided sciatica, chronic pain, and atypical chest pain.</p>			F 0697	<p><b>F-697 Pain Management</b> <b>The facility respectfully requests a desk review for this citation</b></p> <p><b>Preparation, 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.</b></p> <p><b>1. Immediate actions taken for those residents identified:</b> New prescription and pain</p>		10/14/2022

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	<p>A quarterly MDS (Minimum Data Set) assessment, dated 7/1/22, indicated the resident had moderately impaired cognition. He had frequent pain which limited his ability to perform daily activities.</p> <p>A physician's order, dated 4/14/22, was for Oxycodone-Acetaminophen tablet 5-325 milligrams-give 1 tablet by mouth every 6 hours as needed for pain.</p> <p>A Medication Administration Record (MAR), dated August 2022, indicated the resident had received Oxycodone on 3 days one time per day. His last dose had been given on 8/24/22 at 8:30 p.m.</p> <p>The MAR, dated September 2022, indicated the resident hadn't received any Oxycodone during the month.</p> <p>A progress note, dated 9/13/22 at 6:15 p.m., indicated the resident had complained of low back pain and requested his PRN Oxycodone. The medication was not found in the med cart. The pharmacy was notified and indicated a new prescription was needed to refill the medication. A message was left for the facility Nurse Practitioner (NP) indicating a new prescription was needed.</p> <p>A controlled count sheet, provided by the Director of Nursing (DON) on 9/28/22 at 12:08 p.m., indicated the last dose of Oxycodone given was on 8/24/22 at 8:30 p.m. which was the last pill on the count sheet.</p> <p>On 9/28/22 at 11:47 A.M., RN 5 (Registered Nurse) was interviewed. She indicated Resident M did not have any Oxycodone in his med cart drawer. She had asked the NP for a new prescription the</p>				<p>medication obtained for Resident M.</p> <p><b>2. How the facility identified other residents:</b> Any resident prescribed pain medication has the potential to be affected by practice.</p> <p><b>3. Measures put into place/ System changes:</b> staff educated on components of F697 Pain management, including the process and expectation of monitoring and obtaining prescribed medication for residents residing in facility.</p> <p><b>4. How the corrective actions will be monitored:</b> The responsible party for this plan of correction is the Director of Nursing /designee who will audit 5 random residents who are prescribed pain medications to ensure medications are available to be administered as ordered for compliance with regulation weekly x 6 months. Audits will be reviewed monthly during Quality Assurance. Audits will continue weekly 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</p>		

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

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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 09/28/2022	
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	<p>previous week but hadn't gotten one.</p> <p>On 9/28/22 at 4:58 P.M., QMA 7 (Qualified Medication Aide) was interviewed. She indicated when residents' medications were out, the nurse would be notified, or staff would contact the pharmacy directly for refills.</p> <p>On 9/28/22 at 5:01 P.M., the DON was interviewed. She indicated medications were to be re-ordered from the pharmacy when there were 5 days left of medication. The pharmacy and NP should have been notified in August when the resident was administered his last pain pill.</p> <p>3.1-37(a)</p>			<p>plan of correction as indicated.</p> <p><b>5. Date of Compliance</b></p> <p><b>10-14-2022</b></p>			