STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155567	A. BUILDING 00 B. WING	12/16/2024

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
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00448987 and IN00449065. Complaint IN00448987 - No deficiencies related to the allegation are cited. Complaint IN00449065 - Federal/state deficiencies related to the allegations are cited at F580. Survey date: December 16, 2024 Facility number: 000459 Provider number: 155567 AIM number: 100289700 Census Bed Type: SNF/NF: 61 SNF: 3 Total: 64 Census Payor Type: Medicare: 3 Medicaid: 61 Total: 64 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed December 17, 2024	F 0000	The facility respectfully requests a desk review for the citations listed within this survey. 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.	
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) Based on interview and record review, the facility failed to ensure the physician was notified of a change in condition following a fall for 1 of 3 residents reviewed. (Resident R)	F 0580	**1.) Immediate actions taken for those residents identified:** Resident R no longer resides in the facility.	01/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brent Swan	Executive Director	12/30/2024

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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	Findings include: On 12/16/24 at 10:56 A.M., Resident R's record was reviewed. Diagnoses included, non-alcohol related cirrhosis of the liver with liver cancer, dementia, muscle wasting and atrophy, and protein-calorie malnutrition. He was admitted to the facility for rehabilitation services following hospitalization for a fall with fractured neck vertebrae. An admission Minimum Data Set (MDS) assessment, dated 10/1/24, indicated the resident had no cognitive impairment; no signs of delirium; and no behaviors. He required set-up assistance with eating, oral hygiene, and personal hygiene. He was independent with bed mobility and required moderate assistance with toileting hygiene, showering and dressing. He was able to walk with his walker and supervision to touch assistance. He was receiving therapy services with speech, physical, and occupational therapies. A care plan, revised on 11/13/24, indicated Resident R had chronic conditions with risk for discomfort, complication and/or decline related to dementia, anemia, cirrhosis, renal disease, dysphasia (difficulty swallowing), and hypertension. Interventions included: medications per physician orders, monitor for side effects and report to physician; observe for and report to physician signs/symptoms of hypertension (headache, visual problems, confusion/disorientation, lethargy, etc); observe for and report to physician signs/symptoms of anemia complications (pallor, headache, weakness, feeling cold, changes in condition, abnormal bleeding and bruising, etc); report to physician signs/symptoms of hepatic (liver)		**2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** All residents are at risk to be affected by the deficient practice. The nurse managers are responsible to routinely review the 24hour report communication tool to monitor for evidence of documented resident condition changes and to ensure that proper notification is made to the resident, responsible party, and physician at the time the identified significant change in status is assessed. All charge nurses and members of the IDT team were in-serviced on or before 1/2/2025 regarding the facility policy titled "Notification of Resident's Change in Condition". **3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Charge nurses will be educated on the importance of documenting any significant changes in condition in the EMR and the notification of the physician, resident, and or resident representative in the EMR. The 24 hour report tool is utilized to serve as a communication tool regarding	

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	impairment [malaise, fatigue, loss of appetite, significant weight loss or gain, increased swelling, altered level of consciousness, increased confusion, ascites (fluid/swelling on abdomen), confusion/disorientation, etc]. Skilled Charting, dated 12/6/24 at 9:55 p.m., indicated Resident R was alert and oriented to person, place, time, and situation. He had no acute changes in his mental status. His speech was clear and distinct, he understood others and was easily understood by others. He required one staff assistance with bed mobility and toilet hygiene, and supervision with eating. He was continent of bladder and had no complaints related to his bowels. He had no wounds or skin concerns and his appetite was adequate. An Initial Occurrence Note, dated 12/8/24 at 7:30 a.m., indicated the resident was found lying on the floor, next to his bed. The resident indicated he slid out of the bed. He had no apparent injuries and was alert and oriented to time, person, place and situation. A 72 HR. Occurrence F/U (Follow up) Charting note, dated 12/8/24 at 7:30 p.m., indicated the resident was alert and disoriented-same as baseline. The resident had no pain and no new injuries. Skilled Charting, dated 12/8/24 at 11:03 p.m., indicated Resident R was alert to person and was confused. This was an acute change in his mental status. His speech was unclear with slurred and mumbled words. The resident was incontinent of bowel and bladder and he had no wounds. He usually understood others and his speech was usually understood with difficulty finishing his thoughts and finding words.		resident status and condition and is reviewed routinely by the IDT team to ensure notifications occur per policy. **4) How the corrective actions will be monitored:** The facility DON or other designee will be responsible to complete the QA tool titled "Notification in Change" daily for 5 days, then 3x weekly for the next 8 weeks, then weekly thereafter to monitor for ongoing compliance. Any issues identified will be corrected upon discovery and results of the audits will be logged on facility QAPI log and communicated during the facility monthly QAPI meeting for a minimum of 6 months or until 100%compliance is achieved for consecutive 3 months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.	

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	The skilled charting, follow up occurrence charting nor nurse progress notes indicated the physician or Nurse Practitioner (NP) was not notified of the acute change in his mental status and unclear speech until 12/8/24 at 11:03 p.m. On 12/16/24 at 3:00 P.M., the Administrator was interviewed. He indicated the physician should be notified when a resident had a change in condition. He indicated notification should be documented in the resident record. There was no policy provided by the facility for notification of changes in resident condition to the physician. This Citation relates to Complaint IN00449065. 3.1-5(a)(2)			