

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

PRINTED: 04/12/2024

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 03/26/2024	
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 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 Complaint IN00430365. Complaint IN00430365 - Federal/State deficiencies related to the allegations are cited at F803. Survey date: March 26, 2024. Facility number: 000459 Provider number: 155567 AIM number: 100289700 Census Bed Type: SNF/NF: 69 Total: 69 Census Payor Type: Medicare: 6 Medicaid: 60 Other: 3 Total: 69 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed March 26, 2024			F 0000			
F 0803 SS=E Bldg. 00	483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;						

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

TITLE

(X6) DATE

Faith Mills

RN-HFA

04/05/2024

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>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. Based on observation, interview and record review the facility failed to ensure menus were followed for 5 of 5 residents reviewed (Resident B, Resident C, Resident D, Resident E, and Resident F).</p> <p>Findings include:</p> <p>A resident roster was provided by the Administrator on 3/26/24 at 12:45 PM. The roster indicated Resident B, Resident C, Resident E and Resident F were interviewable.</p> <p>In an interview on 3/26/24 at 11:30 AM, Resident B indicated even though a meal ticket, matching the menu was completed, the facility did not serve what was on the menu. Resident B indicated many times she did not receive what was on the meal ticket or menu. She indicated the facility had not informed the residents of the menu change.</p>			F 0803	<p>Tag F-803 Menus Meet Residents needs/Prep in advance, menus must be followed or substitution provided</p> <p>The plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the federal and state law.</p> <p>1 How corrective action will be accomplished for those residents</p>		04/04/2024

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	<p>In an interview on 3/26/24 at 11:47 AM, Resident F indicated often she didn't receive meals per the menu or meal tickets. She indicated the facility had not informed the residents of a menu change.</p> <p>In an interview on 3/26/24 at 12:11 PM, Resident E indicated there had been a few times when the meal served did not match the menu posted. The resident indicated the facility had not informed the residents of a menu change</p> <p>In an interview on 3/26/24 at 12:11 PM, Resident D indicated there had been a few times when the meal served did not match the menu posted. The resident indicated the facility had not informed the residents of a menu change</p> <p>In an interview on 3/26/24 at 12:19 PM, Resident C indicated many times the food she received for meals was not what was listed on the menu. She indicated the facility had not informed the residents of the menu change</p> <p>A monthly menu was provided by the Administrator on 3/26/24 at 12:45 PM, the menu indicated the lunch for 3/26/24 consisted of: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, peanut butter cookie, and milk.</p> <p>During an observation on 3/26/24 at 12:53 PM of Resident E's meal ticket indicated the resident ordered: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, peanut butter cookie, and milk. Resident E's tray consisted of: ham, a slice of bread, roasted regular potatoes, mixed vegetables, milk and lemonade. Resident E's tray did not contain buttered spinach, a peanut butter cookie, any other type of dessert or sweet potatoes. Resident E indicated she was not notified of any changes to the menu.</p>				<p>found to have been affected by the deficient practice.</p> <p>Dietary Manager and dietary department will follow the menus with every meal. If a substitution is made, the director of food and nutrition services and dietary staff will discuss and make the substitution due to an uncontrollable situation (i.e., inventory emergency when a food item is temporarily unavailable). If the director of food services is unavailable, the cook/chef or assistance supervisor will discuss with dietician or Administrator. All changes to the menu (including the date, menu substitution and reason for the substitution) will be recorded.</p> <p>The registered dietitian nutritionist will periodically evaluate menu changes as needed.</p> <p>Records of the substitution will be retained for a reasonable period. If residents are complaining about frequent menu substitution, these will be kept on file for 12 months. (Attachment #1).</p> <p>2 How the facility will identify other residents having potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>3 What measures have been put in place or systemic changes have been made to ensure that the deficient practice will not occur.</p>		

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	<p>During an observation on 3/26/24 at 12:53 PM of Resident D's meal ticket indicated the resident ordered: honey glazed ham, buttered spinach, peaches, peanut butter cookie, and milk. Resident D's tray consisted of: ham, roasted/diced regular potatoes, 1 slice of bread, cottage cheese, milk and lemonade. Resident D's tray did not contain a peanut butter cookie or creamed spinach. Resident D indicated she was not notified of any changes to the menu.</p> <p>During an observation on 3/26/24 at 1:05 PM of Resident F's meal ticket indicated the resident ordered: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, peanut butter cookie, and milk. Resident F's tray consisted of: ham, 1 slice of bread, mixed vegetables, potato chips, a crisp dessert, milk and lemonade. Resident F's tray did not contain sweet potatoes, peanut butter cookie or buttered spinach. Resident F indicated she was not notified of any changes to the menu.</p> <p>During an observation on 3/26/24 at 1:09 PM, Resident C's meal ticket indicated the resident ordered: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, peanut butter cookie, and milk. Resident C's tray consisted of: ham, 1 slice of bread, mixed vegetables, cake, mashed potatoes, milk and lemonade. Resident C's tray did not contain sweet potatoes, peanut butter cookie or buttered spinach. . Resident C indicated she was not notified of any changes to the menu.</p> <p>During an observation on 3/26/24 at 1:20 PM, Resident B's meal ticket indicated the resident ordered: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, a banana, grape juice and milk. Resident B's tray consisted of: ham, diced regular potatoes, mixed vegetables, grape</p>				<p>The dietary staff were in-serviced on 4-3-24 on following the meal menus. (see attached #2). 4 The Dietary Manager will audit the meal menus X5 a week X 2 months, then 3X a week X4 months. (See #4 attachment). The Dietary Manager will present the findings to the Administrator/designee weekly. The audits will be presented to the Dietician and the QAPI Committee for any recommendations X 6 months or until 100% compliance has been reached.</p>		

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	<p>juice and milk. Resident B's tray did not contain a banana, sweet potatoes or buttered spinach. Resident B indicated she was not notified of any changes to the menu.</p> <p>An observation was made on 3/26/24 at 2:44 PM. The menu for 3/26/24 was posted in the hallway and included breakfast, lunch and dinner. The menu indicated - lunch: honey glazed ham, roasted/diced sweet potatoes, buttered spinach, peanut butter cookie, and milk. There was not a notice posted regrding a change in the menu.</p> <p>In an interview on 3/26/24, the Administrator indicated residents completed meal tickets the prior day for the following day. The Administrator indicated when the kitchen was out of an item the staff would update the resident when they filled out the meal tickets. The Administrator also indicated menus should be followed.</p> <p>A policy, undated, titled "Dietary Policy and Procedure Manual," was provided by the Administrator on 3/26/24 at 2:27 PM. The policy indicated dietary staff will notify the nursing staff as soon as possible of an resident changes to the menus and the nursing staff notified the residents of changes. The policy also indicated the dietary staff, "when possible, would notify the residents over the intercom of any substitutions to the menu prior to the meal."</p> <p>This citation relates to Complaint IN00430365.</p> <p>3.1-20(i)(4)</p>						