

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER University Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1564 S University Blvd Upland, IN 46989	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40339</p> <p>Based on interview and record review, the facility staff failed to report an allegation of abuse to the Administrator per facility policy for 1 of 4 residents reviewed for abuse. (Resident C) The deficient practice was corrected on 12/2/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Finding includes:</p> <p>During an interview on 1/29/25 at 9:55 a.m., Resident C indicated Resident D had entered her room several times. Resident D continued to open and shut her door several times and then enter the room again. Resident C asked her to leave her alone and Resident D began to argue and yell, then kicked Resident C in the left shin. Staff came in and escorted Resident D out of her room. Her leg was sore, but had no open wound. She was unsure what specific day the incident occurred, but indicated it was in the evening before she went to bed.</p> <p>During an interview on 1/29/25 at 11:13 a.m., with the DON and Administrator, the DON indicated she had not been informed of any incident between Resident C and Resident D in November 2024. The Administrator also indicated she had not been informed of any incident between Resident C and Resident D.</p> <p>During an interview on 1/29/25 at 12:25 p.m., the DON indicated she had reviewed the resident's electronic health record and found no information regarding an incident in November 2024. She had been unable to determine, based on staff interviews, what date the incident had occurred, but had determined it was on the evening shift.</p> <p>During an interview on 1/29/25 at 2:18 p.m., RN 6 indicated Resident C told her that Resident D had entered her room several times and kicked her in the left shin the night before. RN 6 was unable to clarify if this report was on the morning of 11/13/24 or 11/24/24. RN 6 asked the resident if she had reported this to anyone and resident replied no. Upon finishing her morning medication administration that day, she reported Resident C's statement to the Administrator and DON. She had not documented the allegation in the residents clinical record.</p> <p>During a telephone interview on 1/29/25 at 3:18 p.m., LPN 4 indicated she had not witnessed an altercation between Resident C or Resident D. She worked the evening shift on 11/13/25. Resident C had told her about Resident D coming in her room, but no specifics. LPN 4 had not asked any questions of Resident C regarding her statement.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 1/29/25 at 3:58 p.m., CNA 3 indicated she had not witnessed any altercation between Resident C or Resident D. She had not seen Resident D in Resident C's room. She had worked on the evening shift on 11/12/24 and 11/13/24 on the 300 hall. Another staff member, whom she could not identify, told her that the residents had words and Resident D kicked Resident C in the leg. She was not aware if any staff had reported the altercation to the Administrator. She could not recall if the other staff member had indicated the night the incident occurred.</p> <p>Resident C's clinical record was reviewed on 1/29/25 at 10:58 a.m. Resident C was cognitively intact. Diagnoses included lymphedema, venous insufficiency, peripheral vascular disease, major depressive disorder, and cellulitis.</p> <p>Resident C's progress notes and event charting lacked an entry of an incident with Resident D or assessment following the incident.</p> <p>Resident D's clinical record was reviewed on 1/30/25 at 11:35 a.m. Resident D had moderate cognitive impairment. Diagnoses included vascular dementia with mood disturbance and major depressive disorder.</p> <p>Resident D's progress notes and event charting lacked an entry of an incident with Resident C or assessment following the incident.</p> <p>A current facility policy, revised June 2023, titled, Abuse Prohibition, Reporting, and Investigation, provided by the Corporate Nurse Consultant on 1/28/25 at 2:50 p.m., included the following: .Reporting/Response: 1. All abuse allegations must be report to the Executive Director immediately</p> <p>The deficient practice was corrected by 12/2/24 after the facility implemented a systemic plan that included a facility inservice regarding abuse, report of abuse, and investigation.</p> <p>This citation relates to complaint IN00447542.</p> <p>3.1-28(c)</p>		