

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  University Heights Health and Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1380 E County Line Rd S Indianapolis, IN 46227	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comprehensive person-centered care plan was developed for a resident who required a hand brace for 1 of 6 residents reviewed for care plans. (Resident C)</p> <p>Findings include:</p> <p>During an observation on 5/23/24 at 10:50 a.m., Resident C was observed covered with a blanket and resting in bed. A hand brace was observed on the bedside table.</p> <p>During an observation on 5/23/24 at 12:02 p.m., Resident C was observed awake and resting in bed. During an interview at that time, Resident C indicated staff applied the left hand brace at times. It had been awhile ago since he had the brace on his hand.</p> <p>On 5/23/24 at 9:25 a.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (stroke) affecting the left non-dominant side; spastic hemiplegia (muscle stiffness or tightness, and involuntary contractions) affecting left non-dominant side; contracture (hardening of muscles and rigidity of joints) of left hand and left wrist (non-dominant side).</p> <p>Current Physician orders included, but were not limited to, left hand brace may be worn for 3 hours at a time. Check skin prior to application and removal. Notify provider of any changes. Every shift [days, evenings, and nights] and PRN [as needed] .start date 11/29/22 with no end date noted .</p> <p>The May 2024 Treatment Administration Record (TAR) indicated Resident C's left hand brace had been applied and removed on every shift from 5/1/24 through 5/22/24.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 3/14/24, indicated Resident C was cognitively intact and received restorative nursing care which included range of motion services.</p> <p>Resident C's clinical record lacked a comprehensive person-centered care plan for the utilization of the left hand brace as ordered by the physician. The clinical record also lacked a care plan that addressed the refusal to wear the brace.</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/23/24 at 10:55 a.m., Licensed Practical Nurse (LPN) 3 indicated Resident C had used a left hand brace for a long time. Resident C had a history of refusing to allow staff to apply the brace. LPN 3 indicated the clinical record should have had a left hand brace care plan and it should have included a refusal to wear the brace.</p> <p>During an interview on 5/23/24 at 11:00 a.m., the Director of Nursing Services (DNS) indicated Resident C had a physician's order for the use of the left hand brace. The clinical record lacked a comprehensive person-centered care plan for the brace and lacked a care plan for the refusal to wear the brace.</p> <p>During an interview on 5/23/24 at 12:20 p.m., the Rehabilitation Supervisor indicated Resident C had a physician's order for a left hand brace due to the hand contracture. Resident C could utilize the brace for up to three hours at a time. Many times, Resident C would refuse to allow the staff to apply the brace.</p> <p>On 5/23/24 at 2:00 p.m., the DNS provided a copy of the Care Plans, Comprehensive Person-Centered policy, dated December 2016, and indicated it was the current policy in use by the facility. A review of the policy indicated, .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident .describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being .aid in preventing or reducing decline in the resident's functional status .</p> <p>This citation relates to Complaint IN00433858.</p> <p>3.1-35(a)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure a knee brace was applied to a resident while in bed for 1 of 3 residents reviewed for range of motion. (Resident C)</p> <p>Findings include:</p> <p>On 5/23/24 at 9:25 a.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (stroke) affecting the left non-dominant side and spastic hemiplegia (muscle stiffness or tightness, and involuntary contractions) affecting left non-dominant side.</p> <p>Current Physician orders included, but were not limited to, left knee brace to be worn while in bed .every shift: days, evenings, nights .start date 6/27/23 with no end date noted .</p> <p>The May 2024 Treatment Administration Record (TAR) record indicated Resident C's left knee brace had been applied during every shift from 5/1/24 through 5/22/24.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 3/14/24, indicated Resident C was cognitively intact and received restorative nursing care which included range of motion services.</p> <p>Resident C's care plan indicated Problem: .required a brace to left knee when in bed .start date: 7/11/23 and current through 6/14/24 .Goal: .Resident will tolerate splint/brace to left knee without signs or symptoms of pain/discomfort through next review .Approach: apply splint/brace to left knee as ordered .</p> <p>During an interview on 5/23/24 at 10:55 a.m., LPN 3 indicated Resident C had the left knee brace for a long time. LPN 3 indicated Resident C did not have the knee brace in place at the start of her shift.</p> <p>During an interview on 5/23/24 at 11:00 a.m., the DNS indicated Resident C had a physician's order for the use of the left knee brace while the resident was in bed.</p> <p>During an observation on 5/23/24 at 12:02 p.m., Resident C was observed awake and resting in bed. Resident C's left knee was bent at a 90 degree angle. During an interview at that time, Resident C indicated he was supposed to wear a left knee brace while in bed. It had been awhile ago since he had the brace on his knee. Resident C indicated he did not know where the staff had put the knee brace.</p> <p>During an interview on 5/23/24 at 12:20 p.m., the Rehabilitation Supervisor indicated Resident C had a physician's order for a left knee brace due to the knee and leg contracture. The physician's order was for Resident C to wear the brace while in bed.</p> <p>During an observation on 5/23/24 at 12:10 p.m., LPN 3 was observed in Resident C's room searching for the resident's left knee brace. LPN 3 was unable to locate the brace. During an interview at that time, LPN 3 indicated she was unsure where the brace was or how long it had been inaccessible.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 2:00 p.m., the DNS provided a copy of the Resident Mobility and Range of Motion policy, dated July 2017. and indicated it was the current policy in use by the facility. A review of the policy indicated, . Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM [range of motion] .Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility .</p> <p>This citation relates to Complaint IN00433858.</p> <p>3.1-42(a)(2)</p>		