

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 11/07/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44849</p> <p>Based on observation, interview, and record review, the facility failed to ensure controlled medications were reconciled accurately for 4 of 8 medication carts. (200 Hall Medication Cart, 100 Hall Medication Cart, 400 Hall Medication Cart, 700/800 Hall Medication Cart)</p> <p>Findings include:</p> <p>1. On 11/7/24 at 12:44 p.m., during the controlled medication reconciliation for the 200 hall medication cart, the Nurse's Narcotic Sign In/Out Sheet, dated 11/1/24 until 11/7/24 at 12:44 p.m., was reviewed. The document had a grid with lines that were numbered to correspond with each day of the month. There were spaces running across the grid for the nurse to write the number of controlled medication packets inside the cart at the beginning of the shift, the number of medication packets added or removed during that shift, and spaces for each nurse to sign once the medication packets and count sheets were reconciled. At that time, Qualified Medication Aide (QMA) 1 indicated the document was for the nurses to keep track of how many packets of controlled medications were inside the medication cart. QMA 1 should have filled out the document completely at the beginning of her shift. The following spaces were blank:</p> <ul style="list-style-type: none"> - 11/1/24, night shift spaces were blank. - 11/2/24, day shift spaces were blank and night shift signature spaces were blank - 11/3/24, day shift spaces were blank and night shift signature spaces were blank - 11/4/24, day shift spaces were blank. - 11/5/24, evening shift signature spaces were blank - 11/6/24, day shift and evening shift signature spaces were blank - 11/7/24, day shift spaces were blank. <p>2. On 11/7/24 at 1:10 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 100 hall medication cart, dated 11/1/24 until 11/7/24 at 1:10 p.m., was reviewed. The following spaces were blank:</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 11/1/24, day shift spaces were blank - 11/2/24, day shift and evening shift spaces were blank - 11/3/24, evening and night shift spaces were blank - 11/5/24, day shift signature spaces and all night shift spaces were blank - 11/6/24, day and evening shift spaces were blank <p>3. On 11/7/24 at 1:30 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 400 hall medication cart, dated 11/1/24 until 11/7/24 at 1:30 p.m., was reviewed. The following spaces were blank:</p> <ul style="list-style-type: none"> - 11/1/24, day shift spaces were blank - 11/2/24, night shift spaces were blank - 11/3/24, evening shift and night shift spaces were blank <p>4. On 11/7/24 at 1:30 p.m., the Nurse's Narcotic Sign In/Out Sheet for the 700 and 800 halls, dated 11/1/24 until 11/7/24 at 1:30 p.m., was reviewed. The following spaces were blank:</p> <ul style="list-style-type: none"> - 11/1/24, total number of sheets for all shifts were blank - 11/2/24, total number of sheets for all shifts were blank - 11/3/24, total number of sheets for all shifts were blank - 11/4/24, total number of sheets for all shifts were blank - 11/5/24, total number of sheets for all shifts were blank - 11/6/24, total number of sheets for all shifts were blank - 11/7/24, day shift spaces were blank <p>On 11/7/24 at 12:52 p.m., the DON provided a copy of a document, titled Nurse's Narcotic Sign In/Out Sheet, dated 11/2024, and indicated this was the current document used by the facility to reconcile controlled medications. A review of the document indicated controlled medications were to be counted at the beginning and end of every shift. The on-coming and off-going nurses were to sign in the designated spaces to indicate correctness of the count (medication packets and count sheets). Discrepancies were to be reported immediately to the Director of Nursing (DON) and Administrator.</p> <p>This citation relates to Complaint IN00446489.</p> <p>3.1-25(e)(3)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44849</p> <p>Based on observation, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was used during a dressing change for a resident with an open wound on enhanced barrier precautions (EBP) for 1 of 1 residents observed for wound care. (Resident B)</p> <p>Findings include:</p> <p>On 11/7/24 at 8:39 a.m., Resident B's wound to the left heel was observed during wound care. The wound was approximately 5 centimeters (cm) by 5 cm, beefy red wound base with a scant amount of pink drainage and did not have any odor. The wound care was provided by RN 1 with the assistance from the Director of Nursing (DON). The DON and RN 1 applied alcohol based hand sanitizer to their hands and applied clean gloves but did not put on any other PPE.</p> <p>During an interview on 11/7/24 at 9:24 a.m., the DON indicated Resident B was on EBP and she and RN 1 should have put on a gown before providing wound care to Resident B.</p> <p>During an interview on 11/7/24 at 9:30 a.m., RN 1 indicated she was not sure if Resident B was on EBP. If Resident B was on EBP a physician's order would have been entered into the electronic medical record (EMR). RN 1 was not aware of any gowns in Resident B's room, but if she needed a gown she could go to the supply closet located approximately 40 feet from Resident B's room. At that time, RN 1 reviewed Resident B's physicians orders and indicated Resident B was on EBP and she should have worn a gown when providing wound care.</p> <p>On 11/7/24 at 9:32 a.m., observed the EBP sign hung above Resident B's head of bed. At that time, Resident B indicated staff rarely wore gowns when providing wound care. Resident B was not aware of any gowns in his room.</p> <p>The clinical record for Resident B was reviewed on 11/7/24 at 11:59 a.m. The diagnoses included, but were not limited to, diabetes, deep vein thrombosis, and a stage three pressure ulcer to left heel.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 9/30/24, indicated Resident B was cognitively intact and was admitted with an unhealed stage three pressure ulcer.</p> <p>A care plan, dated 7/29/24, indicated Resident B required enhanced barrier precautions related to wounds. The interventions included, but were not limited to, apply gown and gloves for chronic wound care and provide education to Resident B, Resident B's family, and staff as needed.</p> <p>A current physician's order started, on 7/23/24, indicated enhanced barrier precautions.</p> <p>On 11/7/24 at 11:16 a.m., the DON provided a copy of the enhanced barrier precautions sign that was hung in Resident B's room at the head of his bed. A review of the sign indicated that providers and staff must wear gloves and a gown for wound care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/7/24 at 10:20 a.m., the DON provided a copy of a facility policy, titled Enhanced Barrier Precautions Policy and Procedure, dated 4/1/24, and indicated it was the current policy used by the facility. A review of the policy indicated use of EBP was indicated for residents with any skin opening the required a dressing such as a pressure ulcer or unhealed surgical wound.</p> <p>This citation relates to Complaint IN00445897.</p> <p>3.1-18(b)(1)</p>		