STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155327	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
University Heights Health and Living Community	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to develop a person-centered comprehensive care plan for a resident's refusal of care for 1 of 3 residents reviewed for skin breakdown. (Resident 100) Finding includes: During an observation on 6/2/25 at 11:00 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skid socks. Resident 100 was not observed wearing Prevalon heel protection boots (specific boots designed with a cushioned bottom that floats the heel off the surface of the mattress helping to reduce pressure). No Prevalon heel protection boots were visible in the area. During an observation on 6/3/25 at 10:10 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. No Prevalon heel protection boots were visible in the area. During an observation on 6/5/25 at 9:35 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. No Prevalon heel protection boots were visible in the area. During an observation on 6/5/25 at 10:50 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. No Prevalon heel protection boots were visible in the area. During an interview at that time, Resident 100 indicated he refused to wear the Prevalon heel protection boots because they were too hot. On 6/5/25 at 9:59 a.m., Resident 100's clinical record was reviewed. The diagnoses included, but were not limited to, traumatic brain injury, history of transient ischemic attack (TIA), and abnormalities of gait and mobility. The Quarterly Minimum Data Set (MDS) assessment, dated 4/11/25, indicated Resident 100 was cognitively intact and was at risk of skin breakdown. The current Physician Orders included, but not limited to, effective 12/20/24, while in bed, apply Prevalon boots to both of Resident 100's feet. There was no end date noted in the clinical record. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 100's care plan failed to address Resident 100's refusal to wear the Prevalon boots as prescribed by the physician. During an interview on 6/5/25 at 11:00 a.m., Qualified Medication Aide (QMA) 3 indicated Resident 100 usually refused to wear the Prevalon boots. During an interview on 6/5/25 at 11:14 a.m., the Director of Nursing (DON) indicated Resident 100 was non-compliant with wearing the prescribed Prevalon boots and the care plan should have been updated to reflect the non-compliance. On 6/5/25 at 11:45 a.m., the DON provided a copy of the Care Plan, Comprehensive Person-Centered policy, dated December 2016, and indicated it was the current policy in use by the facility. A review of the document 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 .assessment of residents are ongoing and care plans are revised as information about the residents and the resident's condition changes . 3.1-35(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to ensure the clinical record documentation was accurate for a resident at risk for skin breakdown who was prescribed heel protection for 1 of 3 residents reviewed for skin breakdown. (Resident 100) Finding includes: During an observation on 6/2/25 at 11:00 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skid socks. Resident 100 was not observed wearing Prevalon heel protection boots (specific boots designed with a cushioned bottom that floats the heel off the surface of the mattress helping to reduce pressure). No Prevalon heel protection boots were visible in the area. During an observation on 6/3/25 at 10:10 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. No Prevalon heel protection boots were visible in the area. During an observation on 6/5/25 at 9:35 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. No Prevalon heel protection boots were visible in the area. During an observation on 6/5/25 at 10:50 a.m., Resident 100 was observed resting in bed and both feet were observed to be covered with non-skin socks. Resident 100 was not observed wearing Prevalon heel protection boots. During an interview at that time, Resident 100 indicated he refused to wear the Prevalon heel protection boots because they were too hot. On 6/5/25 at 9:59 a.m., Resident 100's clinical record was reviewed. The diagnoses included, but were not limited to, traumatic brain injury, history of transient ischemic attack (TIA), and abnormalities of gait and mobility. The Quarterly Minimum Data Set (MDS) assessment, dated 4/11/25, indicated Resident 100 was cognitively intact and was at risk of skin breakdown. The current Physician Orders included, but not limited to, effective 12/20/24, while in bed, apply Prevalon boots to both of Resident 100's feet. There was no end date noted in the clinical record. The June 2025 Treatment Administration Record (TAR) was reviewed. A review of the document indicated staff had signed the record that identified Resident 100 had worn the Prevalon boots while in bed for all three shifts on the following days: 6/1/25, 6/2/25, 6/3/25, 6/4/25. The TAR document also indicated Resident 100 had the Prevalon boots on both feet during the first shift on 6/5/25. During an interview on 6/5/25 at 11:00 a.m., Qualified Medication Aide (QMA) 3 indicated Resident 100 usually refused to wear the Prevalon boots. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/5/25 at 11:14 a.m., the Director of Nursing (DON) indicated Resident 100 was non-compliant with wearing the prescribed Prevalon boots. The TAR document should have accurately reflected Resident 100's refusal to wear the Prevalon boots. On 6/5/25 at 1:28 p.m., the DON provided a copy of the Charting Errors and/or Omissions policy, dated December 2006, and indicated it was the current policy in use by the facility. A review of the document indicated, .accurate medical records shall be maintained by this facility . On 6/5/25 at 1:41 p.m., the DON provided a copy of the Administering Medications policy, dated December 2012, and indicated it was the current policy in use by the facility. A review of the document indicated, .shall be administered in a safe and timely manner, and as prescribed . 3.1-50(a)(2)