

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER University Park Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Medical Park Dr Fort Wayne, IN 46825	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>37147</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified of a change in condition following a fall for 1 of 3 residents reviewed. (Resident R)</p> <p>Findings include:</p> <p>On 12/16/24 at 10:56 A.M., Resident R's record was reviewed. Diagnoses included, non-alcohol related cirrhosis of the liver with liver cancer, dementia, muscle wasting and atrophy, and protein-calorie malnutrition. He was admitted to the facility for rehabilitation services following hospitalization for a fall with fractured neck vertebrae.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 10/1/24, indicated the resident had no cognitive impairment; no signs of delirium; and no behaviors. He required set-up assistance with eating, oral hygiene, and personal hygiene. He was independent with bed mobility and required moderate assistance with toileting hygiene, showering and dressing. He was able to walk with his walker and supervision to touch assistance. He was receiving therapy services with speech, physical, and occupational therapies.</p> <p>A care plan, revised on 11/13/24, indicated Resident R had chronic conditions with risk for discomfort, complication and/or decline related to dementia, anemia, cirrhosis, renal disease, dysphasia (difficulty swallowing), and hypertension. Interventions included: medications per physician orders, monitor for side effects and report to physician; observe for and report to physician signs/symptoms of hypertension (headache, visual problems, confusion/disorientation, lethargy, etc); observe for and report to physician signs/symptoms of anemia complications (pallor, headache, weakness, feeling cold, changes in condition, abnormal bleeding and bruising, etc); report to physician signs/symptoms of hepatic (liver) impairment [malaise, fatigue, loss of appetite, significant weight loss or gain, increased swelling, altered level of consciousness, increased confusion, ascites (fluid/swelling on abdomen), confusion/disorientation, etc].</p> <p>Skilled Charting, dated 12/6/24 at 9:55 p.m., indicated Resident R was alert and oriented to person, place, time, and situation. He had no acute changes in his mental status. His speech was clear and distinct, he understood others and was easily understood by others. He required one staff assistance with bed mobility and toilet hygiene, and supervision with eating. He was continent of bladder and had no complaints related to his bowels. He had no wounds or skin concerns and his appetite was adequate.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Initial Occurrence Note, dated 12/8/24 at 7:30 a.m., indicated the resident was found lying on the floor, next to his bed. The resident indicated he slid out of the bed. He had no apparent injuries and was alert and oriented to time, person, place and situation.</p> <p>A 72 HR. Occurrence F/U (Follow up) Charting note, dated 12/8/24 at 7:30 p.m., indicated the resident was alert and disoriented-same as baseline. The resident had no pain and no new injuries.</p> <p>Skilled Charting, dated 12/8/24 at 11:03 p.m., indicated Resident R was alert to person and was confused. This was an acute change in his mental status. His speech was unclear with slurred and mumbled words. The resident was incontinent of bowel and bladder and he had no wounds. He usually understood others and his speech was usually understood with difficulty finishing his thoughts and finding words.</p> <p>The skilled charting, follow up occurrence charting nor nurse progress notes indicated the physician or Nurse Practitioner (NP) was not notified of the acute change in his mental status and unclear speech until 12/8/24 at 11:03 p.m.</p> <p>On 12/16/24 at 3:00 P.M., the Administrator was interviewed. He indicated the physician should be notified when a resident had a change in condition. He indicated notification should be documented in the resident record.</p> <p>There was no policy provided by the facility for notification of changes in resident condition to the physician.</p> <p>This Citation relates to Complaint IN00449065.</p> <p>3.1-5(a)(2)</p>		