

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 04/28/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE UNIVERSITY PARK		STREET ADDRESS, CITY, STATE, ZIP 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 0655</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0658</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure Baseline and Comprehensive Care Plans were implemented for 3 of 3 residents reviewed. (Resident B, Resident C, and Resident M) Findings include: 1. A review of Resident B's closed record on 4/28/2020 at 1:30 p.m., indicated the resident was alert and oriented. [DIAGNOSES REDACTED]. Resident B's record indicated no Baseline Care Plan had been completed. Resident B was admitted to the facility on [DATE]. 2. A review of Resident C's record on 4/28/2020 at 2:05 p.m., indicated the resident was alert, oriented, and able to be interviewed per the facility staff report. [DIAGNOSES REDACTED]. Resident C's record indicated no Baseline Care Plan had been completed. Resident C was admitted to the facility on [DATE]. 3. A review of Resident M's record on 4/28/2020 at 3:05 p.m., indicated the resident was cognitively impaired and was unable to be interviewed. [DIAGNOSES REDACTED]. Resident M's record indicated no Baseline or Comprehensive Care Plan had been completed. Resident M was admitted to the facility on [DATE]. During an interview on 4/28/2020 at 3:58 p.m., the DON (Director of Nursing) indicated Resident B, Resident C, and Resident M did not have completed Care Plans. She further indicated the Baseline Care Plan should have been completed and in the computer system as it was a part of the Admission Nursing Assessment. A current facility policy, Baseline Care Plan, dated 11/17/2017, and provided by the DON, indicated the following: .To develop a baseline care plan within 48 hours of admission to direct the care team while a comprehensive care plan is developed that incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Upon admission, the admitting nurse will initiate the development of the baseline care plan as part of the admission assessment. The baseline care plan will continue to be developed by the interdisciplinary team and be completed within 48 hours of admission. The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan is developed within 48 hours of admission . This citation is related to Complaint IN 963. 3.1-30(a)</p> <p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure Admission Nursing Assessments were completed for 3 of 3 residents reviewed. (Resident B, Resident C, and Resident M) Findings include: 1. A review of Resident B's closed record on 4/28/2020 at 1:30 p.m., indicated the resident was alert and oriented. [DIAGNOSES REDACTED]. Resident B's record indicated no Admission Nursing Assessment had been completed. Resident B was admitted to the facility on [DATE]. 2. A review of Resident C's record on 4/28/2020 at 2:05 p.m., indicated the resident was alert, oriented, and able to be interviewed per the facility staff report. [DIAGNOSES REDACTED]. Resident C's record indicated no Admission Nursing Assessment had been completed. Resident C was admitted to the facility on [DATE]. 3. A review of Resident M's record on 4/28/2020 at 3:05 p.m., indicated the resident was cognitively impaired and was unable to be interviewed. [DIAGNOSES REDACTED]. Resident M's record indicated no Admission Nursing Assessment had been completed. Resident M was admitted to the facility on [DATE]. During an interview on 4/28/2020 at 3:58 p.m., the DON (Director of Nursing) indicated Resident B, Resident C, and Resident M did not have an Admission Nursing Assessment completed upon admission to the facility and they should have. A current facility policy, Assessment of Resident, dated 1/29/2018, was provided by the DON on 4/28/2020 at 3:57 p.m., and indicated the following: .To gather comprehensive information as a basis for identifying resident problems/needs and developing or revising an individual plan of care. 9. Document resident comments, complaints as appropriate and assessment findings in the nursing progress notes. 13. The nurse is responsible for initiating the interim/baseline care plan or updating the current plan of care in accordance with the assessed needs . This citation is related to complaint IN 963. 3.1-35(g)(1)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.