

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155546	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/25/2013
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NAME OF PROVIDER OR SUPPLIER BETHEL POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 W COMMUNITY DR MUNCIE, IN 47304
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F000000	<p>This visit was for the Investigation of Complaint IN00139711.</p> <p>Complaint IN00139711-Substantiated. Federal/State deficiencies related to the allegations are cited at F315, F356, and F463.</p> <p>Survey dates: November 24 and 25, 2013</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Survey team: Betty Retherford, RN TC Karen Lewis, RN</p> <p>Census bed type: SNF/NF: 67 SNF: 16 Total: 83</p> <p>Census payor type: Medicare: 19 Medicaid: 57 Other: 7 Total: 83</p> <p>Sample: 6</p>	F000000	<p>The following Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that the deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal law. This facility respectfully requests paper compliance for this Complaint IN00139711.</p>	
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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.

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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>			

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure incontinent care was provided in accordance with facility policy for 1 of 3 resident's reviewed for incontinent care in a sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>The clinical record for Resident #D was reviewed on 11/24/13 at 11:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, diabetes mellitus, amputation of both lower limbs, below the knee, chronic kidney disease, chronic respiratory failure, and muscle weakness.</p> <p>A quarterly minimum data set (MDS), dated 11/1/13, indicated the resident</p>	F000315	<p>1. Resident #D received incontinent care when CNA checked on resident following the am meal. Resident #D was asked to demonstrate turning on her call light and was able to do so. Resident #Ds call light was checked for functioning and replaced. 2. All residents needing assistance with incontinence care have the potential to be affected. Rounds were completed to ensure that residents requiring assistance with toileting are having their needs met. A 100% audit was completed for proper functioning of call lights in all resident rooms and bathrooms to determine the need for any further preventative measures. 3. An inservice to be provided to nursing staff on Policy for Incontinence Management and how to follow up on concerns regarding call lights. 4. DON/designee to perform daily audits 5x/week for 2 weeks to ensure residents are receiving</p>	12/25/2013			

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	<p>had no cognitive impairment. The MDS indicated the resident required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 11/12/13, indicated the resident was incontinent of bladder related to physical limitations and impaired mobility. One of the interventions for this problem was for the staff to "check as required for incontinence...."</p> <p>Resident #D was interviewed on 11/24/13 at 11:35 a.m. Resident #D indicated she had a problem that morning getting someone to answer her call light. She indicated she had been wet (incontinent) for a very long time and staff did not answer her call light. She indicated her daughter had called to talk to her and she told her daughter about the problem. She indicated her daughter had called the staff to come and attend to her needs.</p> <p>During an observation on 11/24/13 at 11:35 a.m., the resident was neat and clean. Her call light was lying in reach on the bed.</p> <p>CNA #2 (one of the two CNAs on the resident's hall) was interviewed on</p>		<p>incontinent care, then weekly X 6, then monthly X 4. Results of the audits to be forwarded to QA monthly for review times 12 months. 5. Date of completion: December 25, 2013</p>				

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	<p>11/24/13 at 12:15 a.m. He indicated he had not provided any incontinent care to Resident #D that morning.</p> <p>CNA #1 (the other CNA on Resident #D's hall) was interviewed on 11/24/13 at 12:35 p.m. She indicated she had provided incontinent care to Resident #D sometime around 10 a.m. She indicated she had not been in the room prior to that time. She indicated she had only worked that hall a few times and had been told Resident #D would turn her light on if she wanted anything. She indicated she came on duty at 6 a.m. and decided she better check on the resident around 10 a.m., since she had not turned her light on for care. She indicated the resident was very wet when she changed her. She indicated the resident's brief was very wet and all the padding beneath her was wet. She indicated she cleaned the resident, put a dry brief on her, and dry linens under her. She indicated no one had instructed her to go into the resident's room.</p> <p>LPN #3 was interviewed on 11/14/13 at 1:30 p.m. She indicated she had spoke with [name of resident's friend] that morning who told her the resident's light had been on since 6 a.m. and she was wet and requested</p>						

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	<p>the staff to change her. She did not indicate the time she received the call. She indicated she was passing meds in the hall at that time and knew the resident's light had not been on. She failed to provide any information relating to having the staff check on the resident or check her call light.</p> <p>This indicated a time period of approximately 4 hours without incontinent services being provided to Resident #D, resulting in the resident being incontinent of a large amount of urine in both her brief and the bedding beneath her.</p> <p>Review of the current facility policy, dated 6/12, titled "Bowel and Bladder: Incontinence Management," provided by the Administrator on 11/25/13 at 2:00 p.m., included, but was not limited to, the following:</p> <p>"Purpose:...</p> <p>...2. To ensure that a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infection and to restore as much normal function as possible....</p> <p>...Definitions:...</p> <p>...4. Routine incontinence care-will be provided a minimum of every two hours for those residents who are</p>				

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	<p>incontinent of bowel and/or bladder who are unable to sit on a bedpan, commode, or toilet...."</p> <p>This Federal tag relates to Complaint IN00139711.</p> <p>3.1-41(a)(2)</p>			

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F000356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the list of "nursing staff on duty" was posted and updated on a daily basis as required. This had the potential to effect 83 residents who resided in the</p>	F000356	1. The Nurse Staffing on Duty information for November 24th was posted immediately.2. All residents have the potential to be affected by the Nurse Staffing on Duty information not being posted.The Staffing Coordinator	12/25/2013			

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	<p>facility.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 11/24/13 at 9:19 a.m., the "nursing staff on duty" posting was observed on the wall of the West Unit near the nurses' station. The posting was dated 11/18/13.</p> <p>During an interview with the Administrator on 11/24/13 at 10:41 a.m. , she indicated she was aware the list of "nursing staff on duty" posted was dated 11/18/13. She further indicated the list of "nursing staff on duty" should have been updated daily.</p> <p>This Federal tag relates to Complaint IN00139711.</p> <p>3.1-17(a)</p>		<p>is to ensure the Nurse Staffing on Duty information is completed and posted every day.3. A 1:1 inservice was provided to the Staffing Coordinator on posting the Nurse Staffing on Duty information daily.The Staffing Coordinator will complete and post the Nurse Staffing on Duty sheet daily 5X/week.The Staffing Coordinator will complete the Nurse Staffing on Duty sheet for Saturday and Sunday prior to leaving on Friday.A weekend nurse will be designated as responsible to post these daily sheets 2X/week.4. ADM/designee to perform daily audits 5 days/week X4weeks, then twice weekly X8, then weekly X4, then monthly. Results of the audits will be forwarded to QA monthly for review times 12 months.5. Date of completion: December 25, 2013.</p>		

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F000463 SS=D	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. Based on observation, interview, and record review, the facility failed to ensure a resident's call light was in working order for 1 of 3 residents reviewed for functional call lights in a sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>The clinical record for Resident #D was reviewed on 11/24/13 at 11:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, diabetes mellitus, amputation of both lower limbs, below the knee, chronic kidney disease, chronic respiratory failure, and muscle weakness.</p> <p>A quarterly minimum data set (MDS), dated 11/1/13, indicated the resident had no cognitive impairment. The MDS indicated the resident required the assistance of the staff for all activities of daily living.</p> <p>Resident #D was interviewed on 11/24/13 at 11:35 a.m. Resident #D</p>	F000463	<p>1. Resident #D was asked to demonstrate turning on her call light and was able to do so. Resident #Ds call light was checked for functioning and replaced.2. All residents have the potential to be affected. 3. A 100% audit was completed for proper functioning of call lights in all resident rooms and bathrooms to determine the need for any further preventative measures. An inservice to be provided to nursing staff. 4. Maintenance Director to audit call lights weekly to ensure all residents have functioning call lights. All resident call lights will be audited each month on-going. Results of these audits will be forwarded to QA monthly for review times 12 months.5. Date of completion: December 25, 2013.</p>	12/25/2013			

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	<p>indicated she had a problem that morning getting someone to answer her call light. She indicated she had been wet (incontinent) for a very long time and staff did not answer her call light. She indicated her daughter had called to talk to her and she told her daughter about the problem. She indicated her daughter had called the staff to come and attend to her needs.</p> <p>CNA #1 was interviewed on 11/24/13 at 12:35 p.m. She indicated she had provided incontinent care to Resident #D sometime around 10 a.m. She indicated she had not been in the room prior to that time. She indicated she had only worked that hall a few times and had been told Resident #D would turn her light on if she wanted anything. She indicated she came on duty at 6 a.m. and decided she better check on the resident around 10 a.m., since she had not turned her light on for care. She indicated no one had instructed her to go into the resident's room.</p> <p>During an observation and interview on 11/24/13 at 1:15 p.m., LPN #3 was observed to be in the room with the resident. The DoN was outside of the resident's door and requested that LPN #3 ask the resident to turn the</p>			

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	<p>call light on. The light did not come on outside of the resident room to indicated the resident needed assistance. The DoN then asked for the resident to try again. Still no call light on. The DoN asked LPN #3 to try and turn on the resident's call light. The call light still did not come on. The DoN asked LPN 3# a second time. "Did you turn on the call light?" LPN #3 indicated she had turned it on, but no light was on in the hallway.</p> <p>The DoN then donned personal protective equipment and entered the resident's room. After a few minutes, the light above the resident's door came on. When asked for the light to be turned off and for the resident to attempt to turn it on, the light came on again in response to the resident's attempt.</p> <p>The DoN was interviewed on 11/24/13 at 1:25 p.m. She indicated the call light had not been detached from the wall and she did not know why it had not functioned correctly when it had been turned on prior to her entering the room.</p> <p>LPN #3 was interviewed on 11/24/13 at 1:30 p.m. She indicated she had spoke with [name of resident's friend] that morning who told her the</p>			

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	<p>resident's light had been on since 6 a.m. and she was wet and requested the staff to change her. She did not indicate the time she received the call. She indicated she was passing meds in the hall at that time and knew the resident's light had not been on. She failed to provide any information relating to having the staff check on the resident or check her call light.</p> <p>This indicates a possible time period of 7 hours the resident's call light was not working to ensure the resident received the assistance she needed.</p> <p>The Administrator was interviewed on 11/25/13 at 8:05 a.m. She indicated Resident #D's call light had been replaced as a precautionary measure. Review of the current facility policy, dated 4/12, titled "CALL LIGHT," provided by the Administrator on 11/25/13 at 2:00 p.m., included, but was not limited to, the following:</p> <p>"Purpose: To respond to the resident's requests and needs in a timely manner....</p> <p>...General Considerations:</p> <ol style="list-style-type: none"> 1. Residents should be instructed on the use of call lights. 2. Call lights are to be plugged in at all times. 				

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	<p>3. Notify maintenance of any call light system defects...."</p> <p>This Federal tag relates to Complaint IN00139711.</p> <p>3.1-19(u)(1)</p>				