

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 08/07/2014
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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 IN00153375.</p> <p>Complaint IN00153375-Substantiated. Federal/State deficiencies related to the allegations are cited at F223 and F226.</p> <p>Survey dates: August 6 and 7, 2014</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Survey team: Ginger McNamee, RN, TC Toni Maley, BSW Karen Lewis, RN</p> <p>Census bed type: SNF: 17 SNF/NF: 70 Total: 87</p> <p>Census payor type: Medicare: 26 Medicaid: 46 Other: 15 Total: 87</p> <p>Sample: 4</p> <p>These deficiencies also reflect state</p>	F000000	<p>This facility requests paper compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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.

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F000223 SS=D	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review, the facility failed to ensure residents were not verbally abused for 1 of 6 allegations of abuse. (Resident #D and LPN #12)</p> <p>Findings include:</p> <p>During an interview with the Administrator on 8/6/14 at 1:00 p.m., she indicated the facility had initiated an investigation of verbal abuse by LPN #12 directed at Resident #D. The Administrator indicated it was witnessed by another nurse and LPN #12 was suspended at the time of occurrence.</p> <p>During an interview with the Director of</p>	F000223	<p>1. Staff immediately intervened and removed Resident D from LPN#12. HFA was immediately notified. LPN#12 was immediately suspended pending investigation. Family and physician were notified. 2. All residents have the potential to be affected, however, no other residents were identified. 3. DON or Designee will present and audit 25 questionnaires/week to ensure appropriate knowledge of what constitutes verbal abuse. Staff will be inservced on the facility policy related to verbal abuse. 4. Results of these audits will be forwarded to QA monthly for review times three months, then quarterly for a total of six months.</p>	09/06/2014			

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	<p>Nursing on 8/7/14 at 1:05 p.m., she provided the facility's abuse investigation and indicated LPN #12 had been terminated for verbal abuse. The facility's investigation indicated LPN #12 had been witnessed telling Resident #D she was 94 years old and to start acting like she was 94 and to stop acting like she was 2 years old. The investigation indicated the nurse had been attempting to give the resident medication and the resident requested to go to the restroom. The nurse had responded with "take your pain medicine and I will take you to the bathroom." The resident had replied she did not want pain medicine.</p> <p>Resident #D's clinical record was reviewed on 8/7/14 at 1:10 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and cognitive communication deficit. The resident had a 8/6/14 admission Minimum Data Set assessment. The assessment indicated the resident had severe cognitive impairment.</p> <p>This Federal tag relates to Complaint IN00153375.</p> <p>3.1-27(a)(1)</p>			

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F000226 SS=C	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure the staff were knowledgeable of the facility abuse prohibition policy regarding reporting all allegations of abuse to the administrator immediately for 6 of 9 staff interviewed regarding abuse prohibition (CNA #1, CNA #2, Laundry Worker #3, CNA #5, LPN #6 and CNA #8). This deficient practice had the potential impact 87 of 87 residents.</p> <p>Findings include:</p> <p>1. During an 8/6/14, 2:35 p.m., interview, CNA #1 indicated she would inform her charge nurse/supervisor immediately regarding any allegation of abuse.</p> <p>During an 8/6/14, 2:40 p.m., interview, CNA #2 indicated she would inform her charge nurse/supervisor immediately regarding any allegation of abuse.</p> <p>During an 8/6/14, 2:42 p.m., interview, Laundry Worker #3 indicated he would inform his supervisor immediately</p>	F000226	<p>1. There were no residents affected. 2. All residents have the potential to be affected, however, no other residents were identified. 3. DON or designee will present and audit 25 questionnaires/week to ensure staff members are aware that they must immediately notify the Administrator of allegations of abuse. Staff will be inserviced on the facility policy related to immediate notification of the Administrator. 4. Results of the the audits will be forwarded to QA monthly for review times three months, then quarterly for a total of six months.</p>	09/06/2014			

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	<p>regarding any allegation of abuse.</p> <p>During an 8/6/14, 2:50 p.m., interview, CNA #5 indicated she would inform her charge nurse/supervisor immediately regarding any allegation of abuse.</p> <p>During an interview on 8/7/14 at 7:15 a.m., CNA #8 indicated if she suspected abuse had occurred against a resident she would report her suspicions to the charge nurse.</p> <p>During an 8/6/14, 2:55 p.m., interview, LPN/Charge Nurse #6 indicated she would inform the Director of Nursing immediately regarding any allegation of abuse.</p> <p>During an 8/7/14, 1:40 p.m., interview, the Administrator indicated all employees must report all allegations of abuse immediately to the Administrator and their supervisor.</p> <p>2. Review of the attendance record for the, 7/29/14, "In Service Training Record" regarding Abuse contained a statement written in bold directly above employee signatures. The statement was " All allegations must be immediately reported to the DON and Administrator."</p> <p>Review of a current, 8/2011, policy titled</p>						

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	<p>"Abuse, Neglect and Misappropriation of Resident Property", which was provided by the Administrator on 8/6/14 at 2:55 p.m., indicated the following:</p> <p>"8. The facility will ensure that all allegations of mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Administrator of the facility..."</p> <p>This Federal tag relates to Complaint IN00153375.</p> <p>3.1-28(a)</p>				