

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 07/09/2015
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177042.</p> <p>Complaint IN00177042- Substantiated. Federal/State deficiency related to the allegation is cited at F282.</p> <p>Survey date: July 9, 2015</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Census bed type: SNF: 11 SNF/NF: 68 Total: 79</p> <p>Census payor type: Medicare: 16 Medicaid: 57 Other: 6 Total: 79</p> <p>Sample: 5</p> <p>This deficiency reflects a State finding cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	The following Plan of Correction constitutes our written allegation of compliance for the deficiency 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 request paper compliance for the deficiency cited.	

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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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure a Care Plan was followed as written for 1 of 5 residents whose Care Plans were reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 7/9/15 at 9:00 a.m. The record indicated the resident's diagnoses included, but were not limited to, dementia with behaviors, anxiety, hypertension, dysphagia and chronic pain.</p> <p>During an observation on 7/9/15 at 11:35 a.m., Resident B was lying in bed with Pressure Relief Ankle Foot Orthosis (PRAFO) boots on bilaterally.</p> <p>During an observation and interview with the Director of Nursing (DON) on 7/9/15 at 2:35 p.m., Resident B was in bed without her PRAFO boots on.</p>	F 0282	<p>1. Resident #B PRAFO boots were immediately put in place. Resident #B's aide assignment sheet wa updated to include frequency for use of PRAFO boots. A therapy evaluation was completed for Resident #B related to the use of PRAFO boots. 2.An audit was completed on all residents who wear boots to ensure boots were in place per plan of care. 3. DON/designee will complete rounds weekly times two months then monthly, to ensure that residents who wear boots have them in place according to their plan of care. An in-service was presented to nursing staff on appropriate application of boots in accordance with the resident's plan of care. 4. Results of the audits will be forwarded to QA monthly for review times three months, then quarterly for a total of six months.</p>	08/08/2015

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	<p>During an interview with the DON, she indicated she would follow up to see if Resident B was to wear her boots while she was in bed.</p> <p>During an interview on 7/9/15 at 2:45 p.m., CNA #2 indicated Resident B was in bed with her boots off when she arrived for 2nd shift at 2:00 p.m.</p> <p>During an interview on 7/9/15 at 3:38 p.m., CNA #1 indicated she did not think Resident B wore her boots in bed while she slept.</p> <p>During an interview on 7/9/15 at 3:39 p.m., CNA #2 indicated Resident B did not wear the PRAFO boots while she was in bed.</p> <p>Review of Resident B's signed Physician's Order Sheet, dated 7/1/15, indicated: "Resident to wear pressure relieving ankle foot orthosis (PRAFO) boots on both feet at all times to decrease progression of ankle plantarflexion contractures. Boots may be taken off during hygiene and skin care/checks. Assess skin for redness or new areas when removed for am and pm care."</p> <p>Review of Resident B's current Care Plans indicated the following:</p>			

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	<p>"Restorative nursing/direct care program: to upper extremities potential decline in joint mobility r/t [related to] impaired mobility & dementia."</p> <p>Interventions included but were not limited to: "Resident to wear pressure relieving ankle foot orthosis (PRAFO) boots on both feet at all times."</p> <p>This Federal tag relates to Complaint IN00177042.</p> <p>3.1-35(g)(2)</p>				