

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155133		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER  BELMONT HEALTH & REHABILITATION, THE				STREET ADDRESS, CITY, STATE, ZIP COD 540 BELMONT DRIVE COLUMBUS, IN 47201			
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F 0000  Bldg. 00	<p>This visit was for the investigation of Complaints IN00458274 and IN00458427.</p> <p>Complaint IN00458274 - Federal/State deficiency related to the allegation is cited at F684.</p> <p>Complaint IN00458427- Federal/State deficiency related to the allegation is cited at F842.</p> <p>Survey date: May 15, 2025</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Census Bed Type: SNF/NF: 133 Total: 133</p> <p>Census Payor Type: Medicare: 20 Medicaid: 103 Other: 10 Total: 133</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 20, 2025.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed follow the physician's orders related to administration parameters for cardiac medications and complete neurological assessments after a fall</p>			F 0684	<p>F684 The facility will follow physician's orders related to administration parameters for cardiac medications and complete</p>		05/21/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tyler Reed

Administrator

06/02/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>for 2 of 5 residents reviewed for quality of care. (Residents C and E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 05/15/25 at 11:00 A.M. An Admission Minimum Data Set (MDS) assessment, dated 04/16/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, heart failure, hypertension, and coronary artery disease.</p> <p>The physician's orders included, but were not limited to, an order with a start date of 04/14/25 that was discontinued on 04/28/25, indicated staff were to administer the resident's midodrine (a medication for low blood pressure) 7.5 milligrams (mg) three times a day for hypotension. The medication was to be administered if the resident's systolic (the top number) blood pressure was below 90.</p> <p>The resident's Electronic Medication Administration Record (EMAR) for April 2025 indicated the resident received the midodrine medication the systolic blood pressure was above 90 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- The medication was administered on 04/19/25 at 3:30 P.M., when the resident's blood pressure was 116/62.</li> <li>- The medication was administered on 04/19/25 at 7:30 P.M., when the resident's blood pressure was 100/65.</li> <li>- The medication was administered on 04/22/25 at 7:30 A.M., when the resident's blood pressure was 101/71.</li> </ul>				<p>neurological assessments.</p> <ol style="list-style-type: none"> <li>1. Resident C and E physician orders were reviewed ensure all orders were being followed.</li> <li>2. All residents have the potential to be affected. A complete audit was conducted to ensure parameters orders were being followed and neurological assessments were completed per order. No further concerns were noted. See below for corrective measures.</li> <li>3. The Physician Orders policy was reviewed with no changes made. (See attachment A) The staff was inserviced on the above procedure.</li> <li>4. The DON or his designee will review the medication administration records daily to ensure parameters are being followed for cardiac medications per physician orders and neurological assessments are completed per order when an incident occurs. The DON or his designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not</li> </ol>		

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	<p>- The medication was administered on 04/22/25 at 3:30 P.M., when the resident's blood pressure was 113/73.</p> <p>- The medication was administered on 04/22/25 at 7:30 A.M., when the resident's blood pressure was 101/71.</p> <p>- The medication was administered on 04/22/25 at 3:30 P.M., when the resident's blood pressure was 113/73.</p> <p>- The medication was administered on 04/22/25 at 7:30 P.M., when the resident's blood pressure was 116/70.</p> <p>- The medication was administered on 04/24/25 at 7:30 A.M., when the resident's blood pressure was 94/65.</p> <p>During an interview, on 05/15/25 at 12:05 P.M., RN 3 indicated she was familiar with the resident. She took medications for high blood pressure and for low blood pressure. When a resident had medication orders with hold parameters, she would obtain the resident's blood pressure before administering the medication. If the blood pressure was out of range (too high or too low) she would not administer the medication per the physician's order.</p> <p>The current facility policy titled "MEDICATION ADMINISTRATION", dated 04/2017, was provided by the Regional Director on 05/15/25 at 1:11 P.M. The policy indicated, "...safely administer medications as per physician's orders...qualified personnel shall be responsible to follow accepted practices of medication administration as per physician's orders..."</p>				<p>obtained or maintained, the staff member will be re-educated one on one regarding the medication administration policy and procedure and the importance of following the parameters set by the physician. Additional monitoring will occur if compliance not met by having the DON or his designee be notified of all vital signs completed prior to giving the cardiac medication. The DON or her designee will then help to determine if the medication should be administered for all medications with parameters. If neurological assessments are not completed after education, additional monitoring will occur by having the DON or her designee will note the times the neurological assessments are to be completed and will notify the nurse on duty it is time to complete the assessment.</p> <p>5. The above corrective measures will be completed on or before May 21, 2025.</p>		

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	<p>2. The clinical record for Resident E was reviewed on 05/15/25 at 12:16 P.M. A Quarterly MDS assessment, dated 03/10/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, anemia, seizure disorder, malnutrition, anxiety, and depression.</p> <p>A Progress Note, dated 04/05/25 at 2:11 A.M., indicated the nurse was called to the room after the resident had a fall. The nurse found the resident lying on the bathroom floor on her back. The resident stated she was trying to go to the toilet by herself when she fell. The resident complained of right hip pain but refused to go to the hospital and was attempting to get up off the floor by herself. The resident's neurological assessment was within normal limits at the time of the fall.</p> <p>The Accident and Incident Report and Investigation sheet, dated 04/05/25 at 1:20 A.M., indicated the resident fell when she was up going to the bathroom. The "If it is known or suspected that resident hit head or face, have neurochecks been initiated?" was marked "yes."</p> <p>The Fall Assessment and Neurological Check Flowsheet, dated 04/05/25 at 1:30 A.M., indicated the resident was found on the floor in their bathroom. The neurological checks lacked the following information:</p> <ul style="list-style-type: none"> <li>- at 1:30 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities,</li> <li>- at 1:45 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities,</li> <li>- at 2:00 A.M., pupil size, level of consciousness,</li> </ul>						

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	<p>level of orientation, complaints of pain, and extremities, - at 2:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 3:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 4:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, and - at 5:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities.</p> <p>During an interview, on 05/15/25 at 12:46 P.M., the Assistant Director of Nursing (ADON) indicated if a resident had an unwitnessed fall the nurse would complete an assessment on the resident and either send the resident to the hospital or keep them in the facility. If the resident remained in the facility then neurological assessments would be completed. They were completed per the assessment form and would include the resident's vital signs, pupil response, level of consciousness, level of orientation, complaints of pain, and extremities. The neurological assessment for Resident E should have been completed.</p> <p>The current facility policy titled, "Fall Prevention Program", dated 10/2014, was provided by the Corporate Clinical Nurse on 05/15/25 at 1:30 P.M. The policy indicated, "...To identify resident's who are at risk for falls and subsequently implement appropriate individualized fall prevention interventions..."</p> <p>The current facility policy titled, "Neurological Assessment", with a revision date of 03/2019, was</p>						

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F 0842 SS=D Bldg. 00	<p>provided by the Regional Director on 05/15/25 at 1:11 P.M. The policy indicated, "...To determine the level of neurological function of a resident...Neurological assessment, is to be completed...Assess level of consciousness...Assess level of verbal communication...Assess resident response to stimuli...Assess pupils; size, reaction to light...Assess ability to move...Observe for nausea, vomiting and/or increased lethargy...Document assessment findings in appropriate location on clinical record..."</p> <p>This citation related to Complaint IN00458274.</p> <p>3.1-37(a)</p> <p>483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on record review and interview, the facility failed to transcribe resident records for 1 of 3 residents' records reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 05/15/25 at 10:20 A.M. The resident was admitted to the facility on 04/21/25. The resident's diagnosis included, but was not limited to, Displaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing.</p> <p>An After Visit Summary, dated 04/21/25, indicated the instructions for wound care included, but were not limited to, the following:</p> <p>- Icing Protocol: Use 10 to 14 hours per day until the follow-up appointment or use ice packs for 20</p>			F 0842	<p>F842 The facility will transcribe resident records correctly upon admission</p> <p>1 Resident B orders were reviewed and ice pack order was transcribed per hospital orders.</p> <p>2 All residents have the potential to be affected. All admissions in the last 30 days were reviewed to ensure orders were transcribed correctly. No further concerns were noted. See below for corrective measures.</p> <p>3. The physician's order policy and procedure was reviewed with no changes. (See attachment A) The staff was inserviced on the above procedure.</p> <p>4. The DON or designee will review all resident's medication</p>		05/21/2025

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	<p>minutes per hour while awake. Do not put the ice pad directly against your skin (use a thin towel/clothing).</p> <p>The resident's clinical record lacked an order for the resident to have ice on her wound until 04/28/25.</p> <p>During an interview, on 05/15/25 at 11:57 A.M., Licensed Practical Nurse (LPN) 2 indicated when a resident was a new admission from the hospital the Unit Managers would get the resident's orders and transcribe them into the computer. There should have been a second nurse that verified the orders.</p> <p>During an interview, on 05/15/25 at 12:46 P.M., the Assistant Director of Nursing (ADON) indicated they were alerted by the resident's family member that the resident was to have ice on her shoulder, and it had not been getting applied. The nurse that he talked to reviewed the After-Visit Summary from admission and called the physician and implemented the order. The facility determined there was a transcription error and started a plan of correction. The nurse that made the error was educated immediately along with other nurses, and she started audits of all new resident admissions.</p> <p>The current facility policy titled, "Physician Orders", dated 10/2014, was provided by the ADON on 05/15/25 at 1:58 P.M. The policy indicated, "...Physician's orders are administered upon the clear, complete and signed order of an individual lawfully authorized to prescribe...Facility nursing personnel will ensure clear, accurate and complete physician's orders...New orders shall be transcribed..."</p>				<p>records upon admission daily to ensure orders are transcribed per physician's orders. The DON or designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment C) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is</p> <p>5. The above corrective measures will be completed on or before May 21, 2025.</p>		

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	The deficient practice was corrected on 04/28/25 after the facility educated staff and implemented a process to monitor new admissions.  This citation relates to Complaint IN00458427.  3.1-50(a)(2)						