

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

PRINTED: 03/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155607		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/05/2025	
NAME OF PROVIDER OR SUPPLIER BETHEL MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 6015 KRATZVILLE RD EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00453432 and IN00453498.</p> <p>Complaint IN00453432- Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00453498- No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 4, 5, 2025.</p> <p>Facility number: 000436 Provider number: 155607 AIM number: 100275120</p> <p>Census Bed Type: SNF/NF: 48 SNF: 6 Total: 54</p> <p>Census Payor Type: Medicare: 9 Medicaid: 30 Other: 15 Total: 54</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 6, 2025.</p>			F 0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective April 3, 2025 to the survey conducted March 4, 2025 through March 5, 2025.</p> <p>The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0812 SS=D Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner in accordance with</p>			F 0812	<p><i>The corrective action taken for those residents found to be affected by the deficient practice</i></p>		04/03/2025

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

TITLE

(X6) DATE

Joshua Bowman

HFA

03/17/2025

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 disclosed 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>professional standards for food service safety for 2 of 2 observations of the kitchen. Floors and equipment were soiled. (Kitchen)</p> <p>On 3/4/25 at 9:30 a.m., the kitchen was observed to have the following:</p> <ol style="list-style-type: none"> 1. The burners on the stove had grease and food build up. 2. Debris was observed on the floor under the two and three compartment sinks, under the racks that held the pots and pans, under stainless steel prep tables, in the dishwasher area, around the hot water heater, under the stove and steam table. 3. The hot water heater had dirt/dust on the top of heater and on the pipes. 4. Five food carts had debris on the surfaces. 5. The side of the steamer unit had debris. <p>The same was observed on 3/5/25 at 11:05 a.m.</p> <p>On 3/5/25 at 11:07 a.m. Dietary Aide 2 indicated night staff are supposed to sweep and mop the floors, including under equipment, all staff have a schedule for what is supposed to be cleaned.</p> <p>On 3/5/25 at 12:01 p.m., the Dietary Manager provided the current policy food safety requirements with a revision date of February 2023. The policy included, but was not limited to: It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will be stored, prepared, distributed and served in accordance with professional standards for food service safety...</p> <p>On 3/5/25 at 11:59 a.m., the Dietary Manger provided the current kitchen cleaning schedules. The schedule included, but was not limited</p>				<p>include:</p> <p>No specific residents were identified as having been affected. Concerns identified in the summary statement of deficiencies were immediately addressed and resolved.</p> <p>Other residents that have the potential to be affected have been identified by:</p> <p>All residents whose meals are served from the main building kitchen have the potential to be affected.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>Deep clean of kitchen performed. Routine and deep cleaning schedule revised and redistributed to all dietary staff. Assignments now include specific staff accountability for tasks. All dietary staff have completed mandatory in-service education on food service sanitation and cleaning procedures.</p> <p>The corrective action taken to monitor performance to ensure compliance through quality assurance is:</p> <p>A Quality Assurance Tool has been developed to ensure that assigned cleaning tasks are performed and that the above corrective actions and changes are being followed. This tool will be completed by the Administrator or</p>		

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	<p>to:...clean the 2 & 3 compartment sink areas...clean stove top area...clean both cooks tables including tops & underneath..Clean all regular 3 tier carts...</p> <p>This citation relates to Complaint IN00453432.</p> <p>3.1-21(i)(3) 3.1-21(i)(2)</p>				<p>designee weekly for 4 weeks, monthly for three months, and then quarterly for three quarters. Any areas identified through this audit will be immediately corrected. The outcome of this tool will be reviewed at the quarterly Quality Assessment and Assurance meeting to determine if any additional interventions are needed.</p>		