

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

PRINTED: 08/23/2024

FORM APPROVED

OMB NO. 0938-039

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 07/12/2024	
NAME OF PROVIDER OR SUPPLIER BETHEL POINTE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 3400 W COMMUNITY DR MUNCIE, IN 47304			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00437074 and IN00436772 .</p> <p>Complaint IN00437074- Federal/state deficiencies related to the allegations are cited at F761.</p> <p>Complaint IN00436772- No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 11 and 12, 2024</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Census Bed Type: SNF/NF: 94 SNF: 10 Total: 104</p> <p>Census Payor Type: Medicare: 17 Medicaid: 53 Other: 34 Total: 104</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 19, 2024.</p>			F 0000	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</p>		
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include						

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

TITLE

(X6) DATE

Selina Holloway

HFA

07/30/2024

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>the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were stored securely and disposed of according to policy and compliance regulations. (Residents E, F, G, H, J, K, L, M, N, O, P, Q, R, S, T, and U)</p> <p>Findings include:</p> <p>On 7/11/24 at 11:09 a.m., during an observation of the Wound Nurse's office with the Administrator present, a small, unlocked two-drawer file cabinet was located behind the desk and contained the following:</p> <p>Twenty-four tablets of ondansetron (antiemetic) 4 mg for Resident E with an order date 6/19/24. The resident still resided in the facility.</p>			F 0761	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <p>1. Residents E, F, G, H, J, K, L, M, N, O, P, Q, R, S, T, and U were not harmed. All medications were destroyed per facility policy. The Wound Nurse received progressive discipline.</p> <p>2. All residents have the potential to be affected. Medication rooms, medication carts, and nursing management offices were checked to ensure no discontinued medications were being stored improperly. No further issues were found.</p>		08/02/2024

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	<p>Eleven capsule of hydroxyzine pamoate (antihistamine) 25 mg for Resident F, who discharged from the facility on 1/26/24.</p> <p>There were the following medications for Resident G: seven finasteride (prostate medication) 5 mg tablets, six Floranex (supplement) tablets, seven lisinopril (anti-hypertensive) 10 mg tablets, six pioglitazone HCL(diabetic) 15 mg tablet, nine atorvastatin calcium (cholesterol reduction) 20 mg tablets, thirteen methazolamide (anti-glaucoma) 25 mg oral tablets, seven fosinopril sodium (anti-hypertensive) 10 mg tablets, seven glimepiride (diabetic) 1 mg oral tablets, and seven losartan potassium (anti-hypertensive) 50 mg tablets. The resident discharged from the facility on 6/24/24.</p> <p>Resident H's medications included two torsemide (diuretic) 20 mg tablets, two potassium chloride (supplement) 10 milliequivalents (mEq), one metoprolol tartrate (anti- hypertensive) 50 mg tablet, one sertraline (anti depressant) 50 mg tablet, and one warfarin sodium (anticoagulant) 2.5 mg tablet. The resident discharged from the facility on 1/12/24.</p> <p>Resident J's medications included thirty-six acetaminophen (analgesic) 325 mg tablets, two atorvastatin calcium (cholesterol reduction) 40 mg tablets, three clopidogrel bisulfate (antiplatelet) 75 mg tablets, three folic acid (supplement) 1 mg tablets, two meclizine (antihistamine) 25 mg tablets, four magnesium oxide (supplement) 400 mg tablets, one metoprolol tartrate (anti hypertensive) 25 mg tablets, one omeprazole (acid reducer) 40 mg capsule, three potassium chloride (supplement) 20 mEq capsules, and thirty prochlorperazine maleate</p>				<p>3. The policies on Medication Storage and Drug Disposition were reviewed and no changes were indicated. Licensed nursing staff and QMA's will be re-educated on these policies. The DON or her designee will check medication rooms, medication carts, and nursing administration offices weekly for 6 weeks and until 100% compliance is achieved to ensure medications are stored securely and destroyed timely per facility policy. Then, those audits will be completed twice monthly for 6 months and until 100% compliance is maintained.</p> <p>4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>		

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	<p>(antipsychotic/antiemetic) 5 mg tablets. The resident discharged from the facility 5/23/24.</p> <p>Twenty-four hydroxyzine (antihistamine) 25 mg tablets for Resident K. The resident discharged from the facility on 5/24/24.</p> <p>One open bottle of Pancreatin (supplement) 2000, with an open date of 5/28/24. The resident still resided in the facility.</p> <p>Resident M's medications included six Eliquis (anticoagulant) 5 mg tablets, seven pantoprazole (acid reducer) 20 mg tablets, seven potassium chloride 20 mEq capsules, seven propranolol (anti-hypertensive) 10 mg tablets, four quetiapine fumarate (antipsychotic) 400 mg tablets, three colchicine (anti-gout) 0.6 mg tablets, three levothyroxine (hormone supplement) 175 mcg tablets, three Torseamide (diuretic) 10 mg tablets, and one Cefadroxil (antibiotic) 500 mg capsule. The resident discharged from the facility on 6/15/24.</p> <p>One Cefepime (antibiotic) 2 mg IV injection vial, dated 6/5/24. The resident still resided in facility.</p> <p>Resident P's medications included one bottle of nitroglycerin (anti-hypertensive) 0.4 mg tablets and twenty-six acetaminophen (analgesic) 325 mg tablets. The resident discharged from the facility on 11/15/23.</p> <p>Resident Q's medications included one intravenous bag of vancomycin (antibiotic) solution 1.75 mg, dated 6/3/24, and another dated 6/25/24. The resident discharged from the facility on 6/15/24.</p> <p>Resident R's medications included seven</p>						

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	<p>atorvastatin 40 mg tablets, seven aspirin 81 mg tablets, fourteen doxycycline (antibiotic) 100 mg tablets, seven donepezil (for dementia) 5 mg tablets, seven escitalopram (antidepressant) 10 mg tablets, seven Floranex tablets, fourteen propranolol (anti-hypertensive) 20 mg tablets, and seven Vitamin B-12 (supplement) 1000 mcg tablets. The resident discharged from the facility on 6/6/24.</p> <p>Resident S's medications included twenty-six acetaminophen 325 mg tablets, seven ferrous sulfate (supplement) 325 mg tablets, seven furosemide (diuretic) 10 mg tablets, twenty-six loperamide (antidiarrheal) 2 mg tablets, three melatonin (sleep supplement) 3 mg tablets, two metoprolol (anti hypertensive) 100 mg tablets, seven pantoprazole 40 mg tablets, one spironolactone (anti hypertensive) 50 mg tablet, and seven Ursodiol (gallstone dissolution agent) 300 mg capsules. The resident discharged from the facility on 6/25/24.</p> <p>One partially used bottle of Novolog (diabetic) insulin for Resident T. The resident discharged from the facility on 7/1/24.</p> <p>Resident U's medications included seven atorvastatin (cholesterol reduction) 20 mg tablets, seven multivitamin tablets, seven clopidogrel 75 mg tablets, seven Floranex tablets, seven levothyroxine 50 mcg tablets, seven losartan 50 mg tablets, seven tamsulosin (alpha blocker-diuretic) 0.4 mg capsules, and seven Vitamin B-2 (supplement) 1000 mcg tablets. The resident discharged from the facility on 6/6/24.</p> <p>During an interview on 7/11/24 at 11:09 a.m., the Administrator indicated the medications found in the Wound Nurse's office should not have been</p>						

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	<p>there and were not stored properly.</p> <p>During an interview on 7/11/24 at 12:17 p.m., the Wound Nurse indicated medications should not be stored in her office. Then medications should have been destroyed or sent with the resident upon discharge.</p> <p>During an interview on 7/11/24 at 12:38 p.m., RN 1 indicated medications were to be sent with residents upon discharge. If the resident transferred and did not return, the family would be called and asked if they wished to pick up the medications, otherwise, the medications should be destroyed. RN 1 did not know how long the facility would hold medications before they were destroyed.</p> <p>During an interview on 7/11/24 at 12:41 p.m. RN 2 indicated discharged residents were sent home with their medications. If the resident discharged to a hospital and did not return to the facility, the medication would be sent back to the pharmacy if possible and/or destroyed.</p> <p>During an interview on 7/12/24 at 8:28 a.m., the ADON indicated medications were not to be stored in any office. All medications were to be stored in the medication carts or in the medication rooms. If the medications were not sent home with discharged residents, they were kept for 7 days and then destroyed.</p> <p>During an interview on 7/12/24 at 8:40 a.m., the Rehab Unit Manager indicated she shares the office with the Wound Nurse. The Rehab Unit Manager was aware the medication were being stored in the office. She indicated the reason the medications were kept in the office was because they were waiting for families to come get them.</p>						

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	<p>She indicated the medications should have been kept in the medication room, not have been stored in the office. If the families did not pick them up, the medications should be sent back to pharmacy or destroyed.</p> <p>A current facility policy, dated 11/1/2023 and provided by the Administrator on 7/12/24 at 10:02 a.m., titled Medication Storage" indicated the following: ".... Policy Explanation and Compliance Guidelines a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. 8. Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medication are destroyed in accordance with our Destruction of Unused Drugs Policy...."</p> <p>A current facility policy, dated 10/23 and last revised on 7/24, titled "Drug Disposition" indicated the following: ".... General Guidelines: 1. Non-unit dose drugs not qualifying for return to the issuing pharmacy and drug left by residents discharged from this facility shall be destroyed. 2. Non-controlled and scheduled V controlled drugs must be destroyed in the presence of two (2) licensed nurses or one (1) licensed nurse and pharmacist. 4. All medications, including narcotics and Duragesic/Fentanyl patches, are to be placed into the designated medication disposal container. 5. Discontinued, outdated, or deteriorated medication shall not be maintained or used in the</p>						

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	<p>facility. Medications shall be disposed of in compliance with federal, state, and local laws.</p> <p>6. All unused portions of may properly tabled medications, including controlled substances, shall be released to the discharged resident, along with instructions for their use, upon written order of the physician.</p> <p>7. Unopened or unexposed medication may be returned to the issuing pharmacy for credit to the appropriate party.</p> <p>8. Unused portions of medications not released with the resident or returned for credit shall be destroyed on the premises within seven (7) days by the consultant pharmacist or licensed nurse with a witness."</p> <p>This citation relates to Complaint IN00437074.</p> <p>3.1-25 (m) 3.1-25(o) 3.1-25(p) 3.1-25(q) 3.1-25(r)</p>						