

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

PRINTED: 09/20/2024

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 05/03/2024	
NAME OF PROVIDER OR SUPPLIER  BELMONT HEALTH & REHABILITATION, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 540 BELMONT DRIVE COLUMBUS, IN 47201			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaints IN00432542, IN00433274, IN00433423, and IN00433659.</p> <p>Complaint IN00432542 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00433274 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00433423 - Federal/State deficiency related to the allegation is cited at F690.</p> <p>Complaint IN00433659 - Federal/State deficiencies related to the allegations are cited at F690 and F755.</p> <p>Survey dates: May 1, 2, and 3, 2024</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</p> <p>Census Payor Type: Medicare: 13 Medicaid: 82 Other: 22 Total: 117</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on May 9, 2024.</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>		

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 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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F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on interview and record review, the facility failed to collect a urine sample in a timely manner, and notify the physician or attempt interventions for a resident's refusal of antibiotic administration related to a Urinary Tract Infection for 1 of 3 residents reviewed for Urinary Tract Infections. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 05/02/24 at 9:48 A.M. An Admission MDS assessment, dated 01/17/24, indicated the resident was severely cognitively impaired, occasionally incontinent of bladder and frequently incontinent of bowel. The diagnoses included, but were not limited to, stroke, dementia, Alzheimer's disease, seizure disorder, chronic pain, and anxiety.</p> <p>The EMAR/ETAR for February and March 2024, related to the resident's UTIs were provided by the DON on 05/03/24 at 1:50 P.M., and included, but were not limited to, the following physician's orders for specimen collection and antibiotics:</p> <p>The physician's order, with a start date of 02/02/24, on day shift with a discontinued dated of 02/06/24, indicated staff were to collect the specimen as soon as possible. The specimen was not collected until 02/05/24 on night shift.</p> <p>The resident was prescribed Macrobid 100 mg twice a day from 02/08/24 to 02/14/24.</p> <p>The record indicated the resident's medication of Macrbid was not administered on the following dates and times:</p>			F 0690	<p>F690The facility will collect a urine sample in a timely manner, and notify the physician if a resident refuses an antibiotic administration.</p> <p>1. Resident B urine sample was collected and was being treated for a urinary tract infection.</p> <p>2. All residents have the potential to be affected. A complete audit was conducted to ensure all urine sample was collected and being treated per physician orders. No refusals were noted.</p> <p>3. The staff was inserviced that a urine sample has to be collected within 24 hours of the physician's order and if a resident refuses an antibiotic that the physician/nurse practitioner is immediately notified.</p> <p>4. The DON or her designee will review all physician orders daily to ensure urine samples are collected with 24 hours of the physician orders and that if a resident refuses their antibiotic that the physician/nurse practitioner is notified immediately. The DON or her designee will utilize the nursing 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</p>		05/20/2024

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	<p>- On 02/10/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, "Refused", the charting on the EMAR was completed at 2:39 P.M.,</p> <p>- On 02/12/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, "Due to Condition", the charting on the EMAR was completed at 11:14 A.M.,</p> <p>- On 02/12/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, "Due to Condition", the charting on the EMAR was completed at 4:22 P.M.,</p> <p>- On 02/13/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, "Due to Condition", the charting on the EMAR was completed at 12:54 P.M.,</p> <p>- On 02/14/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, "Due to Condition", the charting on the EMAR was completed at 10:33 A.M., and</p> <p>- On 02/14/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, "Refused", the charting on the EMAR was completed at 10:47 P.M.</p> <p>The physician's order, with a start date of 02/19/24 and a discontinued date of 02/19/24, indicated the specimen was to be collected as soon as possible. The special instructions indicated the order could be discontinued when the specimen was collected.</p> <p>The resident was prescribed Ciprofloxacin (antibiotic) 250 mg twice a day from 02/22/24 to</p>				<p>attachment A) 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 obtained or maintained, the staff member will be re-educated one on one and additional monitoring will occur by the DON or her designee reviewing the physician orders once a shift to ensure urine samples are collected within 24 hours and any refusals of an antibiotic is reported to the physician/nurse practitioner immediately.</p> <p>5. The above corrective measures will be completed on or before May 20, 2024.</p>		

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	<p>02/28/24.</p> <p>The clinical record indicated the resident's medication (Ciprofloxacin) was not administered on the following dates and times:</p> <p>- On 02/22/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, "Refused", the charting on the EMAR was completed at 6:54 P.M.,</p> <p>- On 02/26/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, "Due to Condition", the charting on the EMAR was completed at 2:12 P.M., and</p> <p>- On 02/26/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, "Other" and "3rd", the charting on the EMAR was completed on 02/27/24 at 11:42 A.M.</p> <p>The physician's order, with a start date of 03/22/24 and a discontinued date of 03/23/24, indicated staff were to dip the resident's urine and if the urine dip test was positive they were to send the resident's urine for a Urinalysis with C&amp;S as soon as possible. The special instructions indicated the order could be discontinued when the specimen was collected.</p> <p>The resident was prescribed Bactrim 800-160 mg twice a day from 03/24/24 to 03/30/24.</p> <p>The record indicated the medication was not administered on the following dates and times:</p> <p>- On 03/28/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Refused", the charting on the EMAR was completed at 7:15 A.M., and</p>						

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F 0755 SS=D Bldg. 00	<p>- On 03/29/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Refused", the charting on the EMAR was completed at 7:29 A.M.</p> <p>The resident's Mood and Behavior record lacked documentation of a specific time or interventions attempted for the resident's refusal of antibiotic administration, and there were no documented physician notification of the resident's refusals on the following dates: 02/10/24, 02/12/24, 02/13/24, 02/14/24, 02/22/24, 02/26/24, and 03/28/24.</p> <p>During an interview on 05/03/24 at 12:25 P.M., LPN (Licensed Practical Nurse) 2 indicated when getting a UA, she would hope the specimen would be collected within 24 hours of receiving the order. If a resident needed to be straight cathed it would be part of the physician's order.</p> <p>During an interview on 05/03/24 at 1:50 P.M., the DON indicated they did not have a policy on collecting urine specimens.</p> <p>This citation relates to Complaints IN00433423 and IN00433659.</p> <p>3.1-41(a)(2)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, interview, and record review, the facility failed to provide prescribed medications for 1 of 5 residents reviewed for pharmacy services. (Resident F)</p> <p>Findings include:</p>			F 0755	<p>F755The facility will provide prescribed medications for residents reviewed for pharmacy services.</p> <p>1. Resident F medication was obtained and given per physician orders.</p>		05/20/2024

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	<p>During an observation and interview on 05/02/24 at 1:48 P.M., Resident F was sitting in their room in a recliner. The resident indicated there were times when they had not been getting their medications like they were supposed to.</p> <p>The clinical record was reviewed on 05/02/24 at 11:25 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 04/17/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, heart failure, hypertension, and renal insufficiency.</p> <p>The EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) for January 2024 was provided by the DON on 05/03/24 at 11:08 A.M. The resident had a physician's order for Furosemide tablet (water pill), 40 milligrams, twice a day, for hypertension, with a start date of 01/27/23 and a discontinued date of 01/31/24.</p> <p>The resident's record indicated the medication was not administered on the following dates and times:</p> <p>- On 01/03/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, "Other" and "days", the charting on the EMAR was completed at 5:44 P.M.,</p> <p>- On 01/06/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Other" and "detained", the charting on the EMAR was completed at 2:15 P.M.,</p> <p>- On 01/08/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Other" and "detained", the charting on the EMAR was completed at 2:06 P.M.,</p>				<p>2. All residents have the potential to be affected. A complete audit was conducted to ensure all resident's medication were available from the pharmacy to be given per the physician's order.</p> <p>3. The staff physician's order policy and procedure was reviewed with no changes made. (See attachment B) The staff was inserviced on the above procedure.</p> <p>4. The DON or her designee will review all medication administration records daily to ensure that medications are administered per the physician's orders. The DON or her designee will also review 5 resident's medications daily to ensure all medications are reordered in a timely manner. The DON or her designee will utilize the nursing 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 A) 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 obtained or maintained, the staff member will be re-educated one on one and the DON or her designee will review two halls daily to ensure all medications are present and</p>		

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	<p>- On 01/11/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Resident Unavailable", the charting on the EMAR was completed at 11:21 A.M.,</p> <p>- On 01/16/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, "Other" and "detained", the charting on the EMAR was completed at 1:18 P.M.,</p> <p>- On 01/19/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, "Other" and "days", the charting on the EMAR was completed at 2:40 P.M., and</p> <p>- On 01/27/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, "Other" and "days", the charting on the EMAR was completed at 2:21 P.M.</p> <p>The complete Care Plan was provided by the DON on 5/03/24 at 2:08 P.M. The resident's plan of care for hypertension, with a reviewed date of 03/01/24, included, but was not limited to, an intervention to administer, "furosemide per MD order".</p> <p>During an interview on 05/03/24 at 10:35 A.M., the DON indicated the staff should follow the physician's orders. No explanation was provided related to the "Reasons/Comments" on the EMAR.</p> <p>The current "PHYSICIAN ORDERS" policy, dated 10/2014, was provided by the DON on 05/03/24 at 1:50 P.M. The policy indicated, "...Physician's order 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</p>			<p>reordered in a timely manner.</p> <p>5. The above corrective measures will be completed on or before May 20, 2024.</p>			

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	physician's orders...When an order is received, if there is any question regarding the...right dose...right frequency...the licensed nurse will attempt to contact the prescribing physician to obtain clarification of any order in question..."  This citation relates to Complaint IN00433659.  3.1-25(e)(3) 3.1-37(a)						