

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

PRINTED: 08/29/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155694		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/12/2024	
NAME OF PROVIDER OR SUPPLIER BETZ NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 116 BETZ RD AUBURN, IN 46706			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: July 8, 9, 10, 11, and 12, 2024</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 2 Medicaid: 44 Other: 26 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 15, 2024</p>		F 0000	<p>Betz Nursing Home submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. This provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. This provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as the concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceedings on that basis.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests paper</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 30 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 0583 SS=D Bldg. 00	<p>483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records</p> <p>Based on observation, interview, and record review the facility failed to ensure privacy for 2 of 7 residents reviewed (Resident 17, and Resident 58).</p> <p>Findings include:</p> <p>1. During an observation and interview on 7/11/24 at 8:51 AM with Certified Nurse Aide (CNA) 5 and Registered Nurse (RN) 6, Resident 17 was observed with her gown covering her shoulders and her breasts. Her abdomen, incontinence brief and legs were exposed and visible from the hallway. The privacy curtain was pulled less than halfway across its track leaving the exposed resident's body parts visible from the hallway. Resident 17's bed was near the window and the windows blinds were open.</p> <p>CNA 5 indicated Resident 17 should not have been able to be seen from the hallway when her body was not completely covered. She indicated the resident tends to throw covers off while in bed, so staff should have ensured the privacy curtain was pulled to ensure any exposed body parts were not visible from the hallway. RN 6 Indicated the window blinds should have been closed to prevent visibility from outside the building.</p> <p>Resident 17's record was reviewed on 7/11/24 at</p>			F 0583	<p>compliance in lieu of a post survey review on or after July 27th, 2024.</p> <p>F 583 Personal Privacy/Confidentiality of Records What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Ensure privacy for residents 17 and 58. Residnet 17 will be dressed in appropriate apparel, and resident 58 will have curtain closed to provide privacy. Resident profiles have been updated How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents have the potential to be affected by the same deficient practice. All staff in-serviced by 7/29/24 on Resident's Rights policy. All residents were reviewed to ensure privacy was provided via closed curtains and appropriate clothing.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p>		07/29/2024

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	<p>11:17 AM. Diagnoses included chronic obstructive pulmonary disease, diabetes mellitus without complications, and need for assistance with personal care.</p> <p>Resident 17's current quarterly Minimum Data Set (MDS) dated 6/10/24 indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated she required substantial or maximal assistance with upper and lower body dressing.</p> <p>2. During an observation and interview on 7/8/24 between 09:53 AM and 10:05 AM, Resident 58 was observed from the hallway wearing a hospital gown backward. The gown was loosely tied at the top and the gown fell open below the tie exposing her left breast. She was sitting in a standard chair with a walker placed in front of her. She indicated she was waiting for staff to come and help her get dressed. She indicated she was not supposed to walk in her room by herself.</p> <p>Physical Therapist 2, CNA 3 and Nurse Aide in Training 4 were observed walking past the room in the time frame of the observation. No employee was observed approaching Resident 58 to offer assistance.</p> <p>Resident 58's record was reviewed on 7/11/24 at 11:46 AM. Diagnoses included chronic obstructive pulmonary disease, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, limitation of activities due to disability, and unsteadiness on feet.</p> <p>Resident 58's current quarterly Minimum Data Set (MDS) dated 6/26/24 indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated she</p>				<p>Care Companions will complete daily rounds to identify and correct issues pertaining to Resident's Rights and privacy.</p> <p>All staff in-serviced by 7/29/24 on Resident's Rights policy and privacy</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <p>To ensure compliance, the DNS/Designee is responsible for the completion of the Resident Rights QAPI tool weekly times 4 weeks, monthly times 6 and then quarterly.</p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held every other month, and is overseen by the Executive Director.</p> <p>If 100% threshold is not met, an action plan will be developed to ensure compliance.</p> <p>By what date systemic changes will be completed;</p> <p>Date of completion is 7/29/24.</p>		

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	required substantial or maximal assistance with upper body dressing. During an interview on 7/12/24 at 10:07 AM, the Director of Nursing indicated resident's private body parts should not be visible from the hallway. A current policy, undated, titled Resident Rights, provided by Administrator on 7/11/24 at 11:12 AM indicated residents have a right to a dignified existence. 3.1-3(a)						