

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

PRINTED: 12/07/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155698		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/17/2022	
NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1707 BETHANY RD ANDERSON, IN 46012			
(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 IN00394562.</p> <p>Complaint IN00394562 - Substantiated. Federal/state deficiency related to the allegation is cited at F607.</p> <p>Survey date: November 17, 2022</p> <p>Facility number: 011045 Provider number: 155698 AIM number: 200380790</p> <p>Census Bed Type: SNF/NF: 26 SNF: 25 Residential: 44 Total: 95</p> <p>Census Payor Type: Medicare: 15 Medicaid: 25 Other: 11 Total: 51</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 21, 2022.</p>			F 0000			
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse,</p>						

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

TITLE

(X6) DATE

Alicia

Lambert

12/02/2022

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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	<p>neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>Based on interview and record review, the facility failed to report suspicions of emotional abuse (CNA 1 and CNA 2), by another staff member (RN 3) of 1 resident (Resident B), immediately to the facility Administrator per the facility policy.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/17/2022 at 9:58 a.m. Diagnoses included, but were not limited to, displaced fracture of right shoulder, multiple fractures of ribs, right side, pleural effusion, dementia and type 2 diabetes</p>			F 0607	The submission of this plan of correction does not indicate and admission by Bethany Pointe Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Bethany Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents		12/03/2022

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	<p>mellitus.</p> <p>During an interview, on 11/17/2022 at 1:33 a.m., CNA 1 (Certified Nursing Aide) indicated on the morning of 11/10/2022, Resident B was found on the floor of his room. RN 3 asked CNA 1 and CNA 2 to help get the resident back into bed. CNA 1 indicated RN 3 told the resident "This is why I don't f ____ (profanity) like you." CNA 1 indicated she told RN 3 to leave the room. CNA 1 indicated she completed her shift, which had ended at 6:00 a.m. She returned to the facility after 3:00 p.m. and reported the incident to the Administrator and the Staffing Coordinator.</p> <p>During an interview, on 11/17/2022 at 11:44 a.m., the Staff Development Coordinator indicated CNA 1 reported inappropriate behavior by RN 3. The report was made on 11/10/2022 at approximately 4:00 p.m. CNA 1 reported RN 3 had told Resident B, "This is why I don't like you".</p> <p>During an interview, on 11/17/2022 at 12:26 p.m., RN 3 indicated she had found Resident B on the floor in his room around 5:00 a.m. She and CNA 1 were able to return the resident to his bed. RN 3 denied making any inappropriate statements to the resident.</p> <p>During an interview, on 11/17/2022 at 12:49 p.m., CNA 2 indicated she assisted had CNA 1 and RN 3 with getting Resident B off the floor and back into his bed. While providing resident care, CNA 2 heard RN 3 make an inappropriate statement to the resident. CNA 2 indicated she did not report the incident to anyone.</p> <p>During an interview, on 11/17/2022 at 2:40 p.m., the Administrator indicated the investigation was on going. It was the expectation of the facility for</p>				<p>in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>1. Resident B was affected by alleged insufficient practice.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. All staff have been educated on the abuse and neglect policy.</p> <p>3. As a measure of ongoing compliance, the ED or designee to quiz 5 employees over reporting abuse and neglect situations 3 times weekly x 4 weeks, then 2 times weekly x 4 weeks, then weekly x 4 weeks or until 100% compliance is maintained.</p> <p>4. As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p>		

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	<p>all suspected and actual abuse allegations be reported to the Administrator immediately. CNA 1 and CNA 2 should have reported the incident immediately.</p> <p>Review of a current policy, dated 8/29/2019, titled "Abuse and Neglect Procedural Guidelines" indicated the following:</p> <p>"... d. Identification ...</p> <p>ii. Any person with knowledge or suspicion of suspected violations shall report immediately, without fear of reprisal. ...</p> <p>iii. The Shift Supervisor or Manager is identified as responsible for initiating and/or continuing the reporting process, as follows:</p> <p>iv. IMMEDIATELY notify the Executive Director...."</p> <p>This Federal tag relates to complaint IN00394562.</p> <p>3.1-28(c)</p>						