STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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	This visit was for the Investigation of Complaint IN00392098. Complaint IN00392098 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: October 25, 2022. Facility number: 000565 Provider number: 155546 AIM number: 100267630 Census Bed Type: SNF/NF: 95 SNF: 10 Total: 105 Census Payor Type: Medicare: 16 Medicaid: 55 Other: 34 Total: 105 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed October 28, 2022	F 0000	**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.**	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Derek Gibson | HFA | 11/07/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review the facility failed to implement fall prevention interventions for 1 of 3 residents reviwed (Resident C). Findings include: Resident C's clinical record was reviewed on 10/25/22 at 1:39 p.m. Diagnoses included, but were not limited to, traumatic subarachnoid hemorrhage without loss of consciousness, subsequent encounter, intracranial abscess and granuloma, other specified postprocedural states and personal history of traumatic brain injury. A fall risk assessment, dated 3/24/22, indicated he was a high risk for falls. An order with the start date of 4/19/22 and discontinued on 5/18/22 indicated per the neurosurgeon - may remove helmet when in bed. Must wear helmet when up and during therapy. C-collar can be used as needed for neck support. Okay for therapy to work on strengthening. C-collar may be removed for skin checks. He had a care plan for specific choices, initiated on 3/25/22. His goal was that his choices were honored. His interventions, included but were not limited to, he chose to get up in the morning around 8:00 a.m. - 9:00 a.m., initiated on 3/25/22. He preferred to have bedbaths on Tuesdays and Fridays on day shift (he had a sign in his room to remind caregivers) initiated on 3/25/22 and revised on 5/23/22. His family requested for him to only	F 0689	The facility will ensure this requirement is met through the following corrective measures: 1. Resident C was not harmed and only receives bed baths per family request. 2. All other residents dependent with trunk control and who wear protective devices, like a helmet, are at risk. These residents care plans will be reviewed and adjusted accordingly and staff education provided. 3. Thee Fall Investigation and Risk Evaluation policy was reviewed and no changes were indicated. Nursing staff will be educated on this policy along with the specifics related to this citation. The DON or her designee randomly observe staff during care, baths/showers and transfers, five times weekly for 6 weeks and until 100% compliance is achieved then 5 times monthly for 6 months and until 100% is maintained to ensure the plan of care is followed. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	11/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	have bed baths. The facility would honor their choice initiated on 5/20/22. He had a 9/15/22 revised care plan that indicated he needed assistance with his ADLS (Activities of Daily Living) related to a fall from a ladder and hitting his head on the wall. His family noted a change in neurological function several hours later and brought him to the hospital where he was found to have a intraparenchymal bleed with a surrounding subarachnoid hemorrhage. A craniotomy was performed and the bleed was evacuated. Subsequently he developed an epidural abscess that required repeat frontotemporal decompression, craniotomy and cranial I & D on 2/17/22. He admitted to hospice care. His goal was his ability to perform his ADLs would improve using his care plan interventions. His interventions included, but were not limited to, he required assist of two when toileting and with transfers, initiated on 4/4/22. An occupational therapy discharge summary for static sitting indicated, on 4/27/22 and at discharge 5/16/22, he was unable to maintain static sitting balance without max support from another individual or chair. A physician progress note, dated 5/16/22 at 11:38 a.m., indicated his current functional status was that he continued to mainly get around in his wheelchair. He had residual left-sided hemiplegia. He required maximal assistance for bed mobility tasks and transferring. He required moderate to maximal assistance for dressing and maximal assistance was required for toileting. A nurses note, dated 5/17/22 at 6:45 a.m., indicated the resident had a fall in his bathroom. The CNA reported he had fallen off the shower			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	bench and hit his head on the floor. The CNA stated she was standing next to him, she turned to grab a washcloth to start the shower and he fell over. The CNA attempted to catch the resident but was unable to protect his head, he did not loose consciousness but did strike his head. Resident C stated that he fell off the chair. His full range of motion was unable to assessed due to sudden onset of vomiting and headache from resident. His mental status and neurochecks were within normal limits and at baseline for him. A small bump was noted initially to the back of his head. The immediate intervention was 911 was called due to immediate change in condition and use of warfarin (blood thinner) with previous brain injury. A nurses note, date 5/17/22 at 5:57 p.m., he was admitted to the hospital for a subdural hematoma. A CT (Computerized Tomography) of the head without IV (Intravenous) contrast, dated 5/17/22 at 8:36 a.m., indicated the resident had a fall in the shower and hit left posterior head on the sink. It was compared to the 2/24/22 CT. The impression was 1. Thin acute subdural hematoma along the falx. 2. Acute subarachnoid hemorrhage in the right sylvian fissure, right temporal sulci, left sylvian fissure, quadrigeminal plate cistern, and medial right frontal sulci. 3. Right pterional craniectomy and evolution of right cerebral encephalomalacia since the prior study. A CT of head without IV contrast dated 5/17/22 at 3:20 p.m., indicated it was a SDH (Subdural Hematoma) follow up. It was compared with the CT of head obtained earlier the same day at 8:25 a.m. The impression was 1. Postsurgical changes consistent with a prior right pterional crainectomy, with note of multifocal subarachoid and subdural			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	hemorrhage, grossly unchanged from the earlier study. 2. There is confluent hypoattenuation in the right frontal and parietal white matter, with a suggestion of gliosis and/or encephalamalacia changes involving the right operculum and temoral lobe, grossly unchanged from the earlier study. 3. No definite evidence of new foci of hemorrhage, edema, or additional intracranial mass effect. A hospital history of present illness note, dated 5/17/22 at 3:38 p.m., indicated the resident presented in the emergency department, on 5/17/22, after a fall at the nursing home while taking a shower. He indicated that he hit his head because he lost balance and it was due to strength decreased from previous left sided weakness. He did not lose consciousness. He was also being treated for UTI which had caused diarrhea. In the emergency department a CT of the head was ordered, it was positive for thin acute subdural hematoma along the falx, acute subarachnoid hemorrhage in the right sylvian fissure, right temporal sulci, left sylvian fissure, quad trigeminal plate cistern and medial right frontal sulci, right peroneal craniectomy and evolution of right cerebral encephalomalacia since previous study. A fall IDT (Interdisplinary Team) note, dated 5/19/22 at 9:17 a.m., indicated the summary of the fall was that he was sitting on shower chair and as the aide reached for a washcloth, he slid out of chair. The aide was standing in front of him and was able to slow the fall but he did hit his head. The root cause of the fall would be discussed further upon return from the hospital. He would most likely need a shower bed and/or two CNA's to shower. Either trunk control or due to TBI (Traumatic Brain Injury) history, poor decision			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	making and spastic movements. No significant medication changes were made in the past week other than an antibiotic for a urinary tract infection in the past seven days. The intervention and care plan was not updated at that time and would be reviewed upon return with therapy. An IDT note, dated 5/20/22 at 6:14 p.m., indicated the administrator and daughter-in-law reviewed the fall from 5/17/22. A shower bed was offered for all showers and family requested the resident to only have bed baths and facility would honor the family's choice. A discharge summary note, dated 5/21/22, indicated in the hospital course section, in the emergency department a CT of the head was ordered, it was positive for thin acute subdural hematoma along falx, two acute subarachnoid hemorrhage in the right sylvian fissure, right temporal sulci, left sylvian fissure, quadrigeminal plate cistern, and medial right frontal sulci, right pterional craniectomy and evolution of right cerebral encephalomalacia since previous study. Neurosurgery was consulted, plan to admit to PCU with observation and every two hour neurochecks. During an interview with the DON, on 10/25/22 at 3:07 p.m., she indicated the resident was transferred onto a shower bench the one CNA left the bathroom and the other CNA turned to get a washcloth and he fell and hit his head on the toilet or the sink. He already had a subdural hematoma that's what brought him to the facility, he had fallen off a ladder at home. He had a TBI and had a craniectomy. He did not have a helmet on, it was taken off for him to get a shower. The CNA didn't move, she reached to turn around, he was not left alone. He was to be transferred with two assist of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	staff per the ADON. During an interview with RN 3, on 10/25/22 at 3:36 p.m., she indicated two aides were in the resident's room to assist with taking him to the restroom. There was another resident directly across the hall that had fallen. One CNA stayed in the shower and before she got back over he was on the ground. Rachel had her head on his lap. There was no bleeding awake and the resident was talking to them, he was alert and oriented. The resident knew he just fell and talked about the incident. Feet were towards the shower end or toilet side and head was near the sink/door at angle and his head was resting on her leg. Sitting on the chair, had him by one hand reached to grab a washcloth and came towards her and she couldn't catch him. Did not step away from him. Don't remember how he was supposed to be transferred and didn't know if two assists were required. CNA 6 was only gone about 5 minutes or less to help to get the other resident off the floor First thing in the morning. He did not have his helmet on, she thought he had been downgraded and did not need it at certain times. During an interview with PT (Physical Therapist) 2, on 10/25/22 at 3:45 p.m., he indicated that the discharge summary status indicated Resident C was a skilled max assist. PT did not normally give recommendations unless the resident was discharged from therapy, nursing would decide what type of assistance the resident needed. If Resident C was not with therapy he would had been a hoyer lift. He should had not been transferred with two assists and would had not been okay for him to be with one assist while sitting on a shower bench. He was a max support with another individual and was coupled with ADLs self care attempt to assist but he can't do it.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155546	A. BUILDING 00 B. WING	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHEL POINTE HEALTH AND REHAB	3400 W COMMUNITY DR MUNCIE, IN 47304

(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
	PT 2 wondered why he was up in the shower chair to begin with. He had been a hoyer lift since he first came. They continued to use the hoyer lift. During an interview with CNA 7, on 10/25/22 at 4:02 p.m., she indicated CNA 6 had Resident C in the shower. CNA 6 yelled from the bathroom doorway that she needed her to stand by Resident C while she went to assist the resident across the hall that had fallen. She stepped in, there was no other CNAs in the room. She briefly turned her back to get a washcloth on the sink ledge, he slouched to the side when she turned around, she tried to prevent his fall and attempted to slide him to the floor, she pulled the call light in the bathroom and yelled for the nurse. She stayed with him until paramedics got there. She did not think he needed to wear the helmet while he was actively getting a shower. The helmet was close by and indicated to her that he had it on during transfers. She was in her last day of training and had worked at the facility for a week or two, she thought CNA 6 felt it was better for her to stand by with Resident C than to assist with the resident across the hall that had fallen. She had only encountered Resident C one other time. There was not a hoyer pad underneath him. A current facility policy titled, "Fall Investigation and Risk Evaluation," provided by the DON, on 10/25/22 at 4:29 p.m., indicated the following: "Policy: It is the policy of this facility to provide an environment that is free from accident hazards over which the facility has control and provides supervision and assisted devices to prevent avoidable accidents...." 3.1-45(a)(2)			