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

PRINTED: 03/28/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  BETHEL POINTE HEALTH AND REHAB  DIAMANY STATEMENT OF DEFICIENCIES TAG  PRECIX TAG  FOOD  INITIAL COMMENTS  This visit was for the Investigation of Complaints IN00404415. IN004002344, IN00400329 and IN00403444. IN0040421 - No deficiencies related to the allegations are cited.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN00403434 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403445 - No deficiencies related to the allegations are cited.  Complaint IN00403446 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN00403454 - No deficiencies related to the allegations are cited.  Complaint IN004040545 -	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER  BETHEL POINTE HEALTH AND REHAB  (DOM) D (DOM) D (DOM) D (EACH DEVENOY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000  INITIAL COMMENTS  This visit was for the Investigation of Complaints IN00404415, IN00404021, IN00400209, IN00401833, IN00403444, IN004003829 and IN004003546.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN004040221 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403446 - No deficiencies related to the allegations are cited.  Complaint IN00403446 - No deficiencies related to the allegations are cited.  Complaint IN00403446 - No deficiencies related to the allegations are cited.  Complaint IN00403466 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Complaint IN0040366 - No deficiencies related to the allegations are cited.  Compla			155546 B		3 WING		l l		
SUMMARY STATEMENT OF DEFICIENCES   DEFICIENCES   PREFIX   TAG   PREFIX   TAG   PREFIX   PRE	NAME OF D	POVIDED OD SLIDDLIED	100040	5: 11:10		PEET ADDRESS CITY STATE 7ID CODE	03/	23/2023	
CAN   DETECTION   PROVIDERS PLAN OF CORRECTION   CACH CORRECTION	NAIVIE OF FI	NOVIDER ON SUPPLIER							
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD  INITIAL COMMENTS  This visit was for the Investigation of Complaints IN0040415, IN0040021, IN00400209, IN0040415, IN0040021, IN00400229, IN0040415, IN0040021, IN00400229, IN004003546.  Complaint IN00404415 - No deficiencies related to the allegations are cited.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN0040029 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403846 - No deficiencies related to the allegations are cited.  Complaint IN00403846 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155548  AIM number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102	BETHEL POINTE HEALTH AND REHAB								
F 000 INITIAL COMMENTS F 000  This visit was for the Investigation of Complaints IN00404415, IN00400201, IN00400209, IN00401833, IN00403444, IN00403829 and IN00403546.  Complaint IN00404415 - No deficiencies related to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
This visit was for the Investigation of Complaints IN00404415. IN00404021. IN00400209. IN00401833. IN00403444, IN00400829 and IN0040346.  Complaint IN004044415 - No deficiencies related to the allegations are cited.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 100267630  Census Bed Type: SNF/NF: 92  SNF: 10  Total: 102	IAG	G REGULATORY OR LSC IDENTIFYING INFORMATION)							
IN00404415, IN0040021, IN00400209, IN00401833, IN00403444, IN00403829 and IN00403346.  Complaint IN00404415 - No deficiencies related to the allegations are cited.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155546  AIM number: 100267630  Census Bed Type: SNF/NF: 92  SNF: 10  Total: 102	F 000	This visit was for the Investigation of Complaints IN00404415, IN00404021, IN00400209, IN00401833, IN00403444, IN00403829 and		F	000				
to the allegations are cited.  Complaint IN00404021 - No deficiencies related to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155546  AIM number: 100267630  Census Bed Type:  SNF/NF: 92  SNF: 10  Total: 102									
to the allegations are cited.  Complaint IN00400209 - No deficiencies related to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155546  AIM number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102		· ·							
to the allegations are cited.  Complaint IN00401833 - No deficiencies related to the allegations are cited.  Complaint IN00403444 - No deficiencies related to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155546  AIM number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102									
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to the allegations are cited.  Complaint IN00403829 - No deficiencies related to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565  Provider number: 155546  AIM number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102									
to the allegations are cited.  Complaint IN00403546 - No deficiencies related to the allegations are cited.  Survey dates: March 21, 22 and 23, 2023  Facility number: 000565 Provider number: 155546 AIM number: 100267630  Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102									
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Census Bed Type: SNF/NF: 92 SNF: 10 Total: 102									
SNF/NF: 92 SNF: 10 Total: 102		AIM number: 100267	7630						
SNF: 10 Total: 102									
Total: 102									
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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 90 days 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 14 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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED	
155546			B. WING		С		
	ROVIDER OR SUPPLIER	L	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE  3400 W COMMUNITY DR  MUNCIE, IN 47304	03/23	3/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 000	Census Payor Type: Medicare: 27 Medicaid: 56 Other: 19 Total: 102  Bethel Pointe Health in compliance with 42 and 410 IAC 16.2-3.1 Investigation of Complino04040401, IN00404040	And Rehab was found to be CFR Part 483, Subpart B in regard to the plaints IN00404415, 0209, IN00401833, 3829 and IN00403546.	F 00				