

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

PRINTED: 06/04/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155679		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/19/2025	
NAME OF PROVIDER OR SUPPLIER BETHLEHEM WOODS NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 4430 ELSDALE DR FORT WAYNE, IN 46835			
(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: May 13, 14, 15, 16, and 19, 2025</p> <p>Facility number: 000260 Provider number: 155679 AIM number: 100267820</p> <p>Census Bed Type: SNF/NF:84 Total: 84</p> <p>Census Payor Type: Medicare: 1 Medicaid: 40 Other: 43 Total: 84</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 20, 2025</p>			F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based upon past survey history and no harm identified to any resident, this facility respectfully requests a desk review in lieu of a post survey revisit on or before June 9, 2025.</p>		
F 0628 SS=D Bldg. 00	<p>483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 48 Discharge Process</p> <p>Based on interview and record review, the facility failed to ensure the documentation of required information for hospital transfers was present for 1 of 2 residents reviewed (Resident 24).</p> <p>Findings include:</p> <p>Resident 24's record was reviewed on 5/14/25 at</p>			F 0628	<p>F628 Discharge Process</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: No adverse effects were noted related to the alleged deficient practice.</p>		06/09/2025

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

TITLE

(X6) DATE

Christopher Adams

HFA

06/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>9:57 AM. Diagnoses included end stage kidney disease, heart failure and emphysema. Resident 24 had a cardiac pacemaker and was dependent on dialysis.</p> <p>Resident 24's Annual Minimum Data Set, (MDS) dated 12/20/24, indicated the resident's Brief Interview for Mental Status (BIMS) score was 14 (no cognitive impairment).</p> <p>A progress note, dated 8/24/24 at 7:40 PM, indicated Resident 24 had been transferred to the hospital. The progress note indicated the receiving hospital had been notified. The progress note did not indicate Resident 24's family had been notified.</p> <p>An Event Report, dated 8/24/24 at 8:04 PM, indicated Resident 24's Representative had been notified of a hospital transfer. The Event Report did not include the Representative's name or contact information.</p> <p>A Notice of Transfer or Discharge, dated 8/24/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 9/11/24 at 12:30 PM, indicated Resident 24 had requested to go to the hospital and the ambulance was on the way. The progress note did not indicate Resident 24's family had been notified of the hospital transfer.</p> <p>A Notice of Transfer or Discharge, dated 9/11/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the</p>				<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: One resident could have been affected. No other residents found to be affected. Re-education was provided to all RN/LPNs regarding family notification for hospital transfers and the bed hold policy and procedure. IDT/designee will audit all residents who transfer to the hospital the next business day. DNS/Designee will audit all hospital transfers weekly x 4 weeks, and then monthly x 3 months. Any concerns during audits may initiate additional corrective action as appropriate.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Re-education was provided to IDT/designee will utilize the Facility RN/LPNs regarding family notification for hospital transfers and the bed hold policy and procedure. IDT/designee will audit all residents who transfer to the hospital the next business day. DNS/Designee will audit all hospital transfers weekly x 4 weeks, and then monthly x 3 months. Any concerns during audits may initiate additional corrective action as appropriate.</p>		

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	<p>facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 12/16/24 at 8:47 AM, indicated Resident 24 had been transferred to the hospital. The progress note did not indicate Resident 24's family had been notified of the hospital transfer.</p> <p>A Notice of Transfer or Discharge, dated 12/16/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 12/27/24 at 11:45 AM, indicated Resident 24's wife had been notified of the resident being transferred to the hospital.</p> <p>A Notice of Transfer or Discharge, dated 12/27/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>In an interview, on 5/15/25 at 1:59 PM, Registered Nurse (RN) 3 indicated copies of medical records including medications, physician orders, diagnoses and a transfer form to hold the bed should be sent with the resident to the hospital. RN 3 indicated the receiving facility would be given a report on the resident via phone. RN 3 indicated documentation should include who received the report and what records were sent.</p> <p>In an interview, on 5/19/25 at 10:38 AM, the Director of Nursing (DON) indicated they were unable to locate bed hold notices for Resident 24's</p>				<p>How the corrective action will be monitored to ensure the deficient practice will not recur: To ensure compliance, the DNS/ designee is responsible for the completion of the hospital transfer audit tool weekly x 4 weeks, monthly x 3 months, and then quarterly until continued compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 100% is not achieved an action plan will be developed to ensure compliance and disciplinary action taken as indicated.</p> <p>What date the systemic changes for each deficiency will be completed: All audits and systemic changes will be fully implemented by June 9, 2025.</p>		

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	<p>hospital transfers. The DON provided a bed hold policy within the admission agreement signed by Resident 24 on 2/5/24. The DON indicated they were unable to locate any further family notifications.</p> <p>In an interview, on 5/19/25 at 11:05 AM, RN 25 indicated a family member should be notified when a resident is transferred to the hospital. RN 25 indicated Resident 24's spouse was always aware of new orders as their spouse was in the facility a lot. RN 25 indicated Resident 24 often updated their spouse themselves.</p> <p>A current facility policy, dated 6/7/17, titled "Emergency Transfer Notifications," provided by the DON on 5/19/25 at 11:45 AM, indicated the transfer information may be provided to the resident and their representative as soon as practicable. The policy indicated the nursing staff would inform the family member of the transfer. The policy indicated a bed hold policy would be reviewed with the responsible party and would be documented in the medical record.</p> <p>3.1-12(a)(21) 3.1-12(a)(25)(26)</p>						