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

PRINTED: 07/13/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01, 02		UCTION	(X3) DATE SURVEY COMPLETED	
155607		B. WING			R 07/07/2023		
NAME OF PROVIDER OR SUPPLIER  BETHEL MANOR				6015 KRAT	DDRESS, CITY, STATE, ZIP CODE  IZVILLE RD  LLE, IN 47710	1 077	0112023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0	00}			
	Preparedness Survey 05/04/23 was conduction	it (PSR) to the Emergency conducted on 05/03/23 and ted by the Indiana in accordance with 42 CFR					
{K 000}	Survey Date: 07/07/23  Facility Number: 000436 Provider Number: 155607 AIM Number: 100275120  At this PSR to the Emergency Preparedness survey, Bethel Manor was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 75 certified beds. At the time of the survey, the census was 64.  Quality Review completed on 07/12/23		{K 0	00}			
	At this PSR survey, B	sethel Manor was found in					

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 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.

Facility ID: 000436

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION NG <b>01, 02</b>	1, ,	(X3) DATE SURVEY COMPLETED	
		155607	B. WING			R	
NAME OF PROVIDER OR SUPPLIER  BETHEL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 6015 KRATZVILLE RD EVANSVILLE, IN 47710		7/07/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSG Health Care Occupar  This one story facility was determined to be and was fully sprinkle alarm system with ha the corridors, spaces all resident sleeping r capacity of 63 and ha of this survey. The to was 75 and had a cers survey.  All areas where resid were sprinklered and services were sprinkle wood sheds used for  Quality Review comp INITIAL COMMENTS  A Post Survey Revisi Code Recertification a conducted on 05/03/2 conducted by the Indi accordance with 42 C  Survey Date: 07/07/2  Facility Number: 000 Provider Number: 15	uirements for Participation in 12 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing ncies and 410 IAC 16.2.  with a walkout lower level of Type II (111) construction ered. The facility has a fire rd wired smoke detectors in open to the corridors, and in rooms. This facility has a aid a census of 56 at the time of all capacity of both buildings insus of 64 at the time of this ents have customary access all areas providing facility ered, except three detached facility storage.  Ileted on 07/12/23  It (PSR) to the Life Safety and State Licensure Survey 23 and 05/04/23 was in an Department of Health in CFR 483.90(a).	{K 00				
	AIM Number: 10027						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155607	B. WING			R 07/07/2023	
NAME OF PROVIDER OR SUPPLIER  BETHEL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE  6015 KRATZVILLE RD  EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE COMPLETION		
{K 000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  At this PSR survey, the small house health facility at Bethel Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.  This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 12 certified beds and had a census of 8 at the time of this survey. The total capacity of both buildings was 75 and had a census of 64 at the time of this survey.  All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.  Quality Review completed on 07/12/23		{K 00	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO		D BE COMPLETION	