

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

PRINTED: 09/24/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155546		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/06/2024	
NAME OF PROVIDER OR SUPPLIER BETHEL POINTE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 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 IN00441065. Complaint IN00441065 - Federal/state deficiencies related to the allegations are cited at F684. Survey dates: September 4 & 6, 2024 Facility number: 000565 Provider number: 155546 AIM number: 100267630 Census Bed Type: SNF/NF: 92 SNF: 6 Total: 98 Census Payor Type: Medicare: 10 Medicaid: 52 Other: 36 Total: 98 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed September 10, 2024.		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 0684 SS=D Bldg. 00	483.25 Quality of Care Based on record review and interview, the facility failed to complete ordered wound treatments and assessments for 2 of 3 residents reviewed for wound care. (Residents B and C) Findings include:		F 0684	The facility will ensure this requirement through the following corrective measures: 1.Resident B no longer resides at the facility and resident C's wound is healing nicely.		09/20/2024	

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

TITLE

(X6) DATE

Selina Holloway

HFA

09/17/2024

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 disclosable 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>1. The clinical record for Resident B was reviewed on 9/4/24 at 10:34 a.m. Diagnoses include multiple sclerosis, dementia, malnutrition, and type II diabetes.</p> <p>A current physician's order, dated 7/2/24, indicated to cleanse the area on the right shin with wound wash and pat dry. Apply wound gel to the wound bed and cover with gauze. Change daily and as needed if soiled or dislodged.</p> <p>A review of the electronic treatment administration record (eTAR) lacked documentation of the treatment being completed on 7/4/24, 7/11/24 to 7/14/24, and on 7/18/24.</p> <p>A current physician's order, dated 6/26/24 and discontinued 7/27/24, indicated to cleanse the right heel with wound wash and pat dry. Apply hydrogel to wound bed and cover with an abdominal pad and secure with gauze wrap. Change daily and as needed.</p> <p>A review of the eTAR lacked documentation of treatment being completed on 7/4/24, 7/11/24, 7/12/24, 7/13/24, and 7/18/24.</p> <p>A current physician's order, dated 6/26/24 and discontinued 8/2/24, indicated to document drainage amount of right heel wound, daily as N=none, S=scant, M=moderate, C=copious, N/A=not applicable.</p> <p>A review of the eTAR lacked documentation of drainage amount for 7/4, 7/11/24, 7/12/24, 7/13/24, and 7/18/24.</p> <p>2. The clinical record for Resident C was reviewed on 9/4/24 at 12:10 p.m. Diagnoses include</p>				<p>2.All resident with wound treatment orders have the potential to be affected.</p> <p>3.The policy Following Physician's Orders was reviewed and no changes were indicated. Licensed nursing staff will be re-educated on this policy. The DON or her designee will audit TAR's twice weekly for 6 weeks and until 100% compliance is achieved, then weekly for 6 weeks and until 100% compliance is maintained, then monthly for 4 months to ensure treatments are signed off and completed as ordered, along with assessment prompts are present and completed.</p> <p>4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>		

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	<p>Alzheimer's disease, malnutrition, and iron deficient anemia.</p> <p>A current physician's order, dated 8/20/24, indicated to cleanse the area on left ankle with wound wash and pat dry. Apply betadine to area and cover with bordered gauze, daily.</p> <p>A review of the electronic treatment administration records (eTAR) lacked documentation of the treatment being completed on 8/17/24, 8/18/24, and 8/20/24.</p> <p>A current physician's order, dated 8/20/24, indicated to cleanse the area on left ankle with wound wash and pat dry. Apply betadine to area and cover with bordered gauze, at bedtime.</p> <p>A review of the electronic treatment administration records (eTAR) lacked documentation of the treatment being completed on 8/20/24, 8/23/24, 8/26/24, 8/29/24, and 8/30/24.</p> <p>A current physician's order, dated 8/20/24, indicate drainage amount of left ankle wound at bedtime as N=none, S=scant, M=moderate, C=copious, N/A=not applicable.</p> <p>A review of the eTAR lacked documentation of drainage amount for 8/20/24 through 8/31/24.</p> <p>During an interview on 9/6/24 at 12:05 p.m., the DON indicated all treatments should be completed and documented per physician's order. The prompt for the wound description was not documented as indicated and several dressing changes lacked documentation of being completed.</p> <p>A current facility policy, revised 3/2020, titled,</p>						

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	<p>"Following medication-Physician Orders/Parameters," provided by the DON on 9/6/24 at 12:43 p.m., indicated: "Purpose: To administer medications in a safe and effective manner and following physician ordered parameters....Procedures:...L. After administration, return to cart, replace medications container (if-multi-dose and doses remain), and document administration in the MAR or TAR, and controlled substance sign out record, if indicated."</p> <p>This citation relates to Complaint IN00441065.</p> <p>3.1-37(a)</p>						