

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

PRINTED: 04/11/2025  
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 03/21/2025	
NAME OF PROVIDER OR SUPPLIER  BETHEL POINTE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 3400 W COMMUNITY DR MUNCIE, IN 47304			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00455970.</p> <p>Complaint IN00455970 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 17, 18, 19, 20, and 21, 2025</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Census Bed Type: SNF/NF: 90 SNF: 13 Total: 103</p> <p>Census Payor Type: Medicare: 8 Medicaid: 55 Other: 40 Total: 103</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 31, 2025.</p>			F 0000	<p><b>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.</b></p>		
F 0693 SS=D Bldg. 00	<p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills</p> <p>Based on interview and record review, the facility failed to provide services for a resident with a feeding tube to prevent complications for 1 of 1 resident reviewed for tube feeding. (Resident 47)</p>			F 0693	<p>The facility will ensure this requirement is met through the following corrective measures: 1. Resident 47 was not harmed. The physician was contacted and</p>		04/11/2025

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

TITLE

(X6) DATE

Selina Holloway

HFA

04/07/2025

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>Finding includes:</p> <p>During an interview on 3/17/25 at 4:02 p.m., Resident 47 indicated she had a feeding tube as a result of a stroke. She recently began to have a pureed diet with thickened liquids for nutrition. She continued to receive her medications every day through her feeding tube.</p> <p>Resident 47's clinical record was reviewed on 3/18/25 at 2:29 p.m. Diagnoses included cerebral infarction without residual deficits, gastrostomy status, dysphasia, pharyngoesophageal phase, moderate protein-calorie malnutrition, and generalized muscle weakness.</p> <p>A current physician order, dated 2/20/25, indicated to change the enteral tube for splits/cracks in the tube, plugged, and/or dislodgement as needed.</p> <p>The clinical record lacked orders for gastrostomy tube site care.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 2/25/25, indicated the resident was cognitively intact. The resident required substantial assistance from staff for toileting, bathing, and lower body dressing. She required partial assistance from staff for transfers supervision for personal hygiene. Eating assistance from staff was marked "not applicable." Nutritional approach included a feeding tube on admission and while a resident.</p> <p>A current care plan, dated 2/20/25, indicated the resident had a gastrostomy tube related to moderate protein calorie malnutrition. Interventions included, the resident will receive her feedings as ordered (2/20/25), observe the</p>				<p>orders obtained for daily site care. The plan of care was updated.</p> <p>2. All residents with enteral feeding tubes have the potential to be affected. Orders were obtained and care plans revised for daily site care.</p> <p>3. The policy regarding Care of the resident with Enteral Feedings was reviewed and revised to include the provision of daily site care. Licensed nursing staff have been educated on this policy. The DON or her designee will monitor 5 residents weekly (or all tube fed residents, whichever is less) for 6 weeks and until 100% compliance is achieved to ensure site care is provided daily. then 5 residents (or all tube fed residents, whichever is less), monthly for six months and until 100% compliance is maintained.</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>resident for any changes in breathing or increased coughing (3/4/25), check for placement of the feeding tube prior to administration of medications or feedings (3/4/25). The care plan lacked interventions for feeding tube site care.</p> <p>During an observation on 3/20/25 from 3:22 p.m. to 3:33 p.m., accompanied by LPN 6 , the resident's feeding tube site had a clean and dry T-drain sponge in place, dated 3/20/25.</p> <p>During an interview at the time of observation on 3/20/25 at 3:34 p.m., LPN 6 indicated the residents' clinical records with feeding tubes typically had an order for feeding tube site care every shift. She was unaware how to determine if site care had been performed every shift because she was unable to find the information in the resident's clinical record. It was the duty of every nurse to identify necessary orders and request orders that were lacking from the provider.</p> <p>During an interview on 3/21/25 at 12:42 p.m., Resident 47 indicated staff had not cleaned her feeding tube site and changed the dressing every shift ,nor every day. It had been cleaned intermittently, but she no longer received feedings through it.</p> <p>During an interview on 3/21/25 at 12:56 p.m., LPN 7 indicated Resident 47 was cooperative with her care. The clinical record for residents with feeding tubes typically included orders on the Treatment Administration Record (TAR) for feeding tube site care and T-drain sponge dressing changes. The orders provided prompts for nursing in the TAR when they were due. In the event a clinical record lacked an order for feeding tube site care, it was necessary to contact the provider for an order.</p>						

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F 0732 SS=C Bldg. 00	<p>During an interview on 3/21/25 at 1:17 p.m., the Corporate Nurse Consultant indicated a resident's tube site was assessed every day. The site would have been cleaned if it was dirty. The facility lacked information to show the resident's feeding tube site care had been performed. The clinical record lacked an order for feeding tube site care.</p> <p>A current facility policy, dated 11/27/23, titled "Care and Treatment of Feeding Tubes," provided by the DON on 3/21/25 at 9:55 a.m., indicated the following: "Policy: It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. Policy Explanation and Compliance Guidelines: ...3. The resident's plan of care will address the use of feeding tube, including strategies to prevent complications...."</p> <p>3.1-44(a)(2)</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information</p> <p>Based on observation, interview, and record review, the facility failed to post complete nurse staffing information daily for residents and visitors. This deficiency had the potential to affect 103 of 103 residents in the facility.</p> <p>Finding includes:</p> <p>During an observation on 3/18/25 at 8:57 a.m., the facility nurse staffing for first shift, dated 3/18/25, was posted in a frame beside the restroom in the main hallway. The posting lacked the nurse staffing information for second and third shifts.</p> <p>Nurse staffing, dated 3/18/25, included the</p>			F 0732	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. No residents were harmed. When notified, the staffing posting was displayed.</li> <li>2. All residents have the potential to be affected.</li> <li>3. The policy on Staffing Posting was reviewed and no changes were indicated. The nursing scheduler and weekend charge nurse(s) were re-educated on this policy. The HFA or her designee will monitor to ensure nursing staff</li> </ol>		04/11/2025

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	<p>following:</p> <p>Census: 103 Shift: 6:00 a.m. to 2:00 p.m. Registered Nurse: five staff at 8 hours = 40 actual hours Licensed Practical Nurse: eight staff at 8 hours = 64 actual hours Certified Nurse Aide: 9.5 staff at 7.5 hours = 71.25 actual hours</p> <p>During an observation on 3/18/25 at 4:28 p.m., the facility nurse staffing for first shift, dated 3/18/25, remained unchanged and posted in the hallway near the restroom. First shift ended at 2:00 p.m.</p> <p>During an observation on 3/19/25 at 1:09 p.m., the facility nurse staffing for first shift, dated 3/19/25, was posted in a frame beside the restroom in the main hallway. The posting lacked the nurse staffing information for second and third shifts.</p> <p>Nurse staffing, dated 3/19/25, included the following:</p> <p>Census: 99 Shift: 6:00 a.m. to 2:00 p.m. Registered Nurse: four staff at 8 hours = 32 actual hours Licensed Practical Nurse: eight staff at 8 hours = 64 actual hours Certified Nurse Aide: ten staff at 7.5 hours = 75 actual hours</p> <p>During an observation on 3/19/25 at 3:11 p.m., the nurse staffing sign remained unchanged. First shift ended at 2:00 p.m.</p> <p>During an observation on 3/20/25 at 9:32 a.m., the facility nurse staffing for first shift, dated 3/20/25,</p>				<p>is posted 3 times a week for 6 weeks and until 100% compliance is achieved, then 4 times a month for 6 months and until 100% compliance is maintained.</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>was posted in a frame beside the restroom in the main hallway. The posting lacked the nurse staffing information for second and third shifts.</p> <p>Posted nurse staffing, dated 3/20/25, included the following:</p> <p>Census: 98 Shift: 6:00 a.m. to 2:00 p.m. Registered Nurse: four staff at 8 hours = 32 actual hours Licensed Practical Nurse: eight staff at 8 hours = 64 actual hours Certified Nurse Aide: nine staff at 7.5 hours = 67.5 actual hours</p> <p>During an observation on 3/20/25 at 4:00 p.m., the nurse staffing sign remained unchanged. First shift ended at 2:00 p.m.</p> <p>During an observation along with the DON on 3/21/25 at 9:55 a.m., the facility nurse staffing for first shift, dated 3/21/25, was posted in a frame beside the restroom in the main hallway. The posting lacked the nurse staffing information for second and third shifts. During an interview at the time of observation, the DON indicated the second and third shift postings were in behind the first shift posting and not visible for residents and visitors. The nurse staffing was not posted in any other locations. Typically, they changed the nurse staffing posting at the beginning of each shift. She was unaware it had not been changed each day at the beginning of each shift 3/18/25 through 3/20/25. When nurse staffing posting was not changed at the beginning of each shift, one could not determine how many staff were on duty for the specific shifts.</p> <p>Posted nurse staffing, dated 3/21/25, included the</p>						

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F 0761 SS=D Bldg. 00	<p>following:</p> <p>Census: 101 Shift: 6:00 a.m. to 2:00 p.m. Registered Nurse: four staff at 8 hours = 32 actual hours Licensed Practical Nurse: eight staff at 8 hours = 64 actual hours Certified Nurse Aide: nine staff at 7.5 hours = 67.5 actual hours</p> <p>A current facility policy, last revised 8/21/2024, titled "Nurse Staffing Posting Information," provided by the DON on 3/21/25 at 12:22 p.m., indicated the following: "Policy: It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time. Policy Explanation and Compliance Guidelines: 1. The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information: a. Facility name b. The current date c. Facility's current resident census d. The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: i. Registered Nurses ii. Licensed Practical Nurses/Licensed Vocational Nurses iii. Certified Nurse Aides 2. The facility will post the Nurse Staffing Sheet at the beginning of each shift. 3. The information posted will be: a. Presented in a clear and readable format. b. In a prominent place readily accessible to residents, and visitors...."</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation and interview, the facility failed to ensure insulin (a medication to treat diabetes mellitus) vials and pens were dated when</p>			F 0761	The facility will ensure this requirement is met through the following corrective measures:		04/11/2025

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	<p>opened and disposed of when expired for 2 of 5 carts reviewed for medication storage. (East and Center hall carts)</p> <p>Finding includes:</p> <p>1. During a medication storage observation of the East hall cart, accompanied by RN 4 on 3/20/25 at 10:58 a.m., the following was observed:</p> <p>One open vial of Glargine (long-acting) insulin, undated; the vial contained approximately 90 units, and</p> <p>One open vial of Lispro (short-acting) insulin, dated 2/10/25, 2/11/25 and 3/10/25; the vial contained approximately 80 units.</p> <p>During an interview at the time of the observation, RN 4 indicated the East hall cart provided medications for eight diabetic residents, and insulin was good for 28 days from opening.</p> <p>During an interview, at the time of the observation, the DON indicated the insulin with three dates was misdated and if the staff were unsure of the open date on insulin, it would need to be disposed of properly.</p> <p>2. During a medication storage observation of the Center hall cart, accompanied by LPN 5 on 3/20/25 at 11:16 a.m., the following was observed:</p> <p>One open Lantus (long-acting) Solostar insulin pen, undated; the pen contained approximately 220 units, and</p> <p>One open vial of Lispro insulin, with illegible markings, the vial contained approximately 50 units.</p> <p>During an interview, at the time of the</p>				<p>1. No residents were harmed. Insulins were replaced when brought to administration's attention.</p> <p>2. All residents receiving insulin have the potential to be affected. All med carts were checked to ensure insulin was dated when opened and not expired.</p> <p>3. The policy related to Medication Labeling and Storage was reviewed and no changes were indicated. Licensed nurses and QMA-I's will be re-educated on this policy. The DON or her designee will audit medication carts twice weekly for 6 weeks and until 100% compliance is achieved to ensure insulins are dated when opened and that expired insulins are removed and re-ordered, then 4 times a month for 6 months and until 100% compliance is maintained.</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>observations, LPN 5 indicated the Center hall cart provided medications to 5 diabetic residents. The insulin was good for 28 days from opening and if it the open date was illegible the insulin would not be appropriate to provide to a resident and would need to be disposed of.</p> <p>During a follow-up interview, on 3/21/25 at 11:13 a.m., the DON indicated the expectation for staff was insulin was to be dated when opened. This date was to be reviewed with each dose of insulin given to ensure the medication was not given after the 28 day expiration.</p> <p>A current facility policy, revised 12/21 and titled "Labeling of Medications and Biological's", provided by the DON on 3/20/25 at 2:26 p.m., indicated the following: "All medications and biological's used in the facility will be labeled in accordance with current state and federal regulations to facilitate consideration of precautions and safe administration of medications...2. Medication labels must be legible at all times...8. Labels for multi-use vials must include: a. The date the vial was initially opened or accessed (needle-punctured); b. All opened or accessed vials should be discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial..."</p> <p>A current facility policy, revised 5/23 and titled "Product Expiration Dates", provided by the DON on 3/20/25 at 2:26 p.m., indicated the following: "... Insulin vials expire 28 days after opening... Insulin pens expire at manufacturers date unless opened and then 28 days..."</p> <p>3.1-25(j) 3.1-25(k)</p>						

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