

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 09/23/2021
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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 Investigation of Complaints IN00361576 and IN00362264. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00361576 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00362264 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 23, 2021.</p> <p>Facility number: 000565 Provider number: 155546 AIM number: 100267630</p> <p>Census Bed Type: SNF/NF: 80 SNF: 9 Total: 89</p> <p>Census Payor Type: Medicare: 9 Medicaid: 56 Other: 24 Total: 89</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 28, 2021.</p>	F 0000	<p>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.</p>	
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program</p>			

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 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>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p>			

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	<p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, interview, and record review, the facility failed to ensure staff had worn facemask's in accordance with infection prevention and control strategies to mitigate spread of infection during a global pandemic of COVID-19 for 4 of 7 staff members reviewed for infection control (Housekeeper 7, LPN 5, CNA 21, LPN 12).</p> <p>Findings include:</p> <p>During a random observation, on 9/23/21 at 9:47 a.m., Housekeeper 7 was cleaning in a resident's</p>	F 0880	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No residents were harmed. 2. All residents had the potential to be affected. Upon notification, staff were re-educated and masks were placed/ worn appropriately. 3. The Masks policy was reviewed and no revisions were indicated. Facility staff were re-educated on the Masks policy. Daily rounding, varying 	10/08/2021

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	<p>room. Her medical mask was not covering her nose.</p> <p>During an interview, on 9/23/21 at 9:57 p.m., after Housekeeper 7 after finished in the resident's room and her mask still below her nose, she indicated she had received education about mask use, it was important to wear, it should cover her nose and mouth, and her mask did slide down sometimes.</p> <p>During random observations at the nurses' station near Benny Lane, the following was observed:</p> <p>a. On 9/23/21 at 1:41 p.m., LPN 5's N95 mask was below her chin, not covering her mouth or nose. During at interview at that time, she indicated she did not have her mask pulled up over her nose and mouth.</p> <p>b. On 9/23/21 at 1:43 p.m., C.N.A. 21's medical mask was below his top lip. During an interview at that time, he indicated it should cover his nose and mouth.</p> <p>c. On 9/23/21 at 1:45 p.m., LPN 12 was not wearing a mask. During an interview at that time, she indicated she had removed it while she was on the phone because the person she had been speaking with could not hear.</p> <p>Review of a current facility policy, titled "MASKS and EYE PROTECTION for FACILITY STAFF & Applicable Others," with a revised date of 9/21 and provided by the DON on 9/23/21 at 3:29 p.m. indicated, "...MASKS: In an effort to protect our residents, staff and visitors, all staff (regardless of vaccination status) providing resident care must wear their appropriate mask while delivering resident care while indoors and in resident care</p>		<p>shifts and days, will be conducted by the IP or designee using the Mask Monitoring tool to continue for a period of six weeks and until 100% compliance is achieved then two times weekly for a period of at least 6 months and compliance is maintained.</p> <p>4. The findings of these audits will be presented to the QAPI Committed during the facility's monthly meetings and the plan of action adjusted accordingly.</p> <p>Directed Plan of Correction:</p> <p>Bethel Pointe Health and Rehabilitation 3400 W Community Drive Muncie, IN 47304 Survey Date May 19, 2021 Survey Event ID XRYO11 Deficiency F 880 The facility failed to properly prevent and/or contain the potential spread of COVID-19 by multiple staff noted to not be wearing masks appropriately.</p> <p>Root cause analysis Finding: What: Staff not wearing face masks appropriately. Why: One stated because the person on the phone was having a hard time hearing her. Another just stated her mask sometimes would fall below her nose, the others had no excuses. Immediate corrective action: Staff</p>	

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	<p>areas...Direct care providers should wear a surgical mask for the duration of their shifts...."</p> <p>A "Facemask Do's and Don'ts for Healthcare Personnel," from a CDC website https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf, dated June 2,2020 indicated "...When wearing a facemask, don't do the following: DON'T wear your facemask under your nose or mouth...."</p> <p>3.1-18(a)</p>		<p>were immediately re-educated and were observed to don masks accordingly.</p> <p>Corrective measures Reeducation and inservices with staff including: Appropriate mask use Summary: Root cause analysis determined the need for daily observations and continual re-education by the IP and facility administration. Continued non-compliance will result in disciplinary action and possible termination to protect residents and staff. Competencies on mask wearing to be completed with facility staff. Daily rounding, varying shifts and days, will be conducted by the IP or designee using the Mask Monitoring tool to continue for a period of six weeks and until 100% compliance is achieved then two times weekly for a period of at least 6 months and compliance is maintained to be determined by the QAPI Committee.</p> <p>The Facility LTC infection control self-assessment was reviewed with the regional IP it was agreed that it is an accurate assessment of the facility. Survey findings, root cause analysis reviewed with regional IP, Medical Director, Administrator, facility IP, and Director of Clinical Services. The plan of action was</p>	

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

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			agreed upon.		