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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>05/03/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Belmont Health & Rehabilitation, The                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>540 Belmont Drive<br>Columbus, IN 47201 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                 |
| F 0690<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>34232</p> <p>Based on interview and record review, the facility failed to collect a urine sample in a timely manner, and notify the physician or attempt interventions for a resident's refusal of antibiotic administration related to a Urinary Tract Infection for 1 of 3 residents reviewed for Urinary Tract Infections. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 05/02/24 at 9:48 A.M. An Admission MDS assessment, dated 01/17/24, indicated the resident was severely cognitively impaired, occasionally incontinent of bladder and frequently incontinent of bowel. The diagnoses included, but were not limited to, stroke, dementia, Alzheimer's disease, seizure disorder, chronic pain, and anxiety.</p> <p>The EMAR/ETAR for February and March 2024, related to the resident's UTIs were provided by the DON on 05/03/24 at 1:50 P.M., and included, but were not limited to, the following physician's orders for specimen collection and antibiotics:</p> <p>The physician's order, with a start date of 02/02/24, on day shift with a discontinued dated of 02/06/24, indicated staff were to collect the specimen as soon as possible. The specimen was not collected until 02/05/24 on night shift.</p> <p>The resident was prescribed Macrobid 100 mg twice a day from 02/08/24 to 02/14/24.</p> <p>The record indicated the resident's medication of Macrbid was not administered on the following dates and times:</p> <ul style="list-style-type: none"><li>- On 02/10/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, Refused, the charting on the EMAR was completed at 2:39 P.M.,</li><li>- On 02/12/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, Due to Condition, the charting on the EMAR was completed at 11:14 A.M.,</li><li>- On 02/12/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, Due to Condition, the charting on the EMAR was completed at 4:22 P.M.,</li></ul> <p>(continued on next page)</p> |                                                                                      |                                                 |

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.

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

TITLE

(X6) DATE

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| NAME OF PROVIDER OR SUPPLIER<br><br>Belmont Health & Rehabilitation, The                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>540 Belmont Drive<br>Columbus, IN 47201 |                                                 |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>- On 02/13/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, Due to Condition, the charting on the EMAR was completed at 12:54 P.M.,</p> <p>- On 02/14/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, Due to Condition, the charting on the EMAR was completed at 10:33 A.M., and</p> <p>- On 02/14/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, Refused, the charting on the EMAR was completed at 10:47 P.M.</p> <p>The physician's order, with a start date of 02/19/24 and a discontinued date of 02/19/24, indicated the specimen was to be collected as soon as possible. The special instructions indicated the order could be discontinued when the specimen was collected.</p> <p>The resident was prescribed Ciprofloxacin (antibiotic) 250 mg twice a day from 02/22/24 to 02/28/24.</p> <p>The clinical record indicated the resident's medication (Ciprofloxacin) was not administered on the following dates and times:</p> <p>- On 02/22/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, Refused, the charting on the EMAR was completed at 6:54 P.M.,</p> <p>- On 02/26/24, 6:30 A.M. - 2:30 P.M., with the Reason/Comments listed as, Due to Condition, the charting on the EMAR was completed at 2:12 P.M., and</p> <p>- On 02/26/24, 2:30 P.M. - 10:30 P.M., with the Reason/Comments listed as, Other and 3rd, the charting on the EMAR was completed on 02/27/24 at 11:42 A.M.</p> <p>The physician's order, with a start date of 03/22/24 and a discontinued date of 03/23/24, indicated staff were to dip the resident's urine and if the urine dip test was positive they were to send the resident's urine for a Urinalysis with C&amp;S as soon as possible. The special instructions indicated the order could be discontinued when the specimen was collected.</p> <p>The resident was prescribed Bactrim 800-160 mg twice a day from 03/24/24 to 03/30/24.</p> <p>The record indicated the medication was not administered on the following dates and times:</p> <p>- On 03/28/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Refused, the charting on the EMAR was completed at 7:15 A.M., and</p> <p>- On 03/29/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Refused, the charting on the EMAR was completed at 7:29 A.M.</p> <p>The resident's Mood and Behavior record lacked documentation of a specific time or interventions attempted for the resident's refusal of antibiotic administration, and there were no documented physician notification of the resident's refusals on the following dates: 02/10/24, 02/12/24, 02/13/24, 02/14/24, 02/22/24, 02/26/24, and 03/28/24.</p> <p>(continued on next page)</p> |                                                                                      |                                                 |

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| F 0690<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | During an interview on 05/03/24 at 12:25 P.M., LPN (Licensed Practical Nurse) 2 indicated when getting a UA, she would hope the specimen would be collected within 24 hours of receiving the order. If a resident needed to be straight cathed it would be part of the physician's order.<br><br>During an interview on 05/03/24 at 1:50 P.M., the DON indicated they did not have a policy on collecting urine specimens.<br><br>This citation relates to Complaints IN00433423 and IN00433659.<br><br>3.1-41(a)(2) |                                                                                      |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34232</p> <p>Based on observation, interview, and record review, the facility failed to provide prescribed medications for 1 of 5 residents reviewed for pharmacy services. (Resident F)</p> <p>Findings include:</p> <p>During an observation and interview on 05/02/24 at 1:48 P.M., Resident F was sitting in their room in a recliner. The resident indicated there were times when they had not been getting their medications like they were supposed to.</p> <p>The clinical record was reviewed on 05/02/24 at 11:25 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 04/17/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, heart failure, hypertension, and renal insufficiency.</p> <p>The EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) for January 2024 was provided by the DON on 05/03/24 at 11:08 A.M. The resident had a physician's order for Furosemide tablet (water pill), 40 milligrams, twice a day, for hypertension, with a start date of 01/27/23 and a discontinued date of 01/31/24.</p> <p>The resident's record indicated the medication was not administered on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 01/03/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, Other and days, the charting on the EMAR was completed at 5:44 P.M.,</li> <li>- On 01/06/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Other and detained, the charting on the EMAR was completed at 2:15 P.M.,</li> <li>- On 01/08/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Other and detained, the charting on the EMAR was completed at 2:06 P.M.,</li> <li>- On 01/11/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Resident Unavailable, the charting on the EMAR was completed at 11:21 A.M.,</li> <li>- On 01/16/24, 6:30 A.M. - 10:30 A.M., with the Reason/Comments listed as, Other and detained, the charting on the EMAR was completed at 1:18 P.M.,</li> <li>- On 01/19/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, Other and days, the charting on the EMAR was completed at 2:40 P.M., and</li> <li>- On 01/27/24, 12:30 P.M. - 1:00 P.M., with the Reason/Comments listed as, Other and days, the charting on the EMAR was completed at 2:21 P.M.</li> </ul> <p>(continued on next page)</p> |                                                                                      |                                                 |

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| F 0755<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>The complete Care Plan was provided by the DON on 5/03/24 at 2:08 P.M. The resident's plan of care for hypertension, with a reviewed date of 03/01/24, included, but was not limited to, an intervention to administer, furosemide per MD order.</p> <p>During an interview on 05/03/24 at 10:35 A.M., the DON indicated the staff should follow the physician's orders. No explanation was provided related to the Reasons/Comments on the EMAR.</p> <p>The current PHYSICIAN ORDERS policy, dated 10/2014, was provided by the DON on 05/03/24 at 1:50 P. M. The policy indicated, .Physician's order are administered upon the clear, complete and signed order of an individual lawfully authorized to prescribe .Facility nursing personnel will ensure clear, accurate and complete physician's orders .When an order is received, if there is any question regarding the .right dose .right frequency .the licensed nurse will attempt to contact the prescribing physician to obtain clarification of any order in question .</p> <p>This citation relates to Complaint IN00433659.</p> <p>3.1-25(e)(3)</p> <p>3.1-37(a)</p> |                                                                                      |                                                 |